

THE UNIVERSITY OF CHICAGO

A FOOL'S PARADISE: THE PSYCHIATRY OF *GEMÜTH*

IN A *BIEDERMEIER* ASYLUM

VOLUME I

A DISSERTATION SUBMITTED TO THE
FACULTY OF THE DIVISION OF THE SOCIAL SCIENCES

IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

DEPARTMENT OF HISTORY

BY

CHERYCE KRAMER

CHICAGO, ILLINOIS

JUNE 1998

© 1998 by Cheryce Kramer
All rights reserved

Table of Contents

Volume I

Illustrations.....	v
Abbreviations	viii
Abstract.....	ix
Acknowledgments	x
 1 Introduction.....	 1
1.1 The Pinwheel Motif	4
1.2 Facts and Fictions	19
1.3 In Brief.....	37
 2 <i>Was ist Gemüth</i>	 39
2.1 The Architecture of the <i>Biedermeier</i> Soul	43
2.2 Individual Being as Collective Being	48
2.3 The Egotism of Sickness.....	52
 3 The Psychiatry of <i>Gemüth</i>	 60
3.1 Aesthetic Re-education: ' <i>Traitement Moral</i> ' auf Deutsch	63
3.1.1 Elements of Experience.....	65
3.1.1.1 Heterogeneity and Plurality.....	66
3.1.1.2 Binding and Elevating.....	68
3.1.2 Imposing Divisions.....	71
3.1.2.1 Asylum Class.....	74
3.1.2.2 Shackles of Loyalty	79
3.1.3 Creating Unity	84
3.1.3.1 The <i>Illenau Weekly</i>	85
3.1.3.2 Religious Mentoring.....	96
3.1.3.3 Festive Events.....	108
3.2 Psychiatry Without <i>Gemüth</i>	112

Volume II

4 Asylum Space	120
4.1 Collaboration and Controversy.....	126
4.1.1 Either "Straight-Jacket of Mortar and Stone"	133
4.1.1.1 The Ground Plans	134
4.1.1.1.1 Range of Facilities.....	135
4.1.1.1.2 Sex and Class	138
4.1.1.1.3 Curability.....	140
4.1.1.2 <i>Divide et Impera</i>	144
4.1.1.2.1 Parallel Wards	147
4.1.1.2.2 Rigid Spaces.....	155
4.1.1.2.3. Alluring Irregularity	157

4.1.2 Or "Château de Plaisir"	160
4.1.2.1 The Asylum as Spa.....	163
4.1.2.2 Immersion in a Curative Land.....	169
4.2 Illenau: a Receptacle for <i>Gemüth</i>	182
4.2.1 The Windows.....	184
4.2.2 The Pharmacy.....	187
4.2.3 The Church	188
4.3 Comparative Architecture.....	191
4.3.1 No "Baden Charenton".....	193
4.3.2 Panopticism Versus the Pinwheel	197
5 Asylum Time	205
5.1 Daily Routines	211
5.2 The Meter of Madness	233
5.3 Cadenced Therapies.....	243
5.3.1 Musical Punctuation of Asylum Life	244
5.3.1.1 The Asylum Concert	252
5.3.1.2 Music as the Language of <i>Gemüth</i>	269
5.3.2 Gymnastics Exercise and the Freedom in Restraint	274
5.3.2.1 Embodied Music.....	284
5.3.2.2. Delighting in Cohesion.....	287
6 Conclusion	300
6.1 Illenau Versus the Magic Mountain.....	301
6.2 Illenau Unbound	311
6.2.1 Krafft-Ebing and the Great Chain of Sexual Being.....	314
6.2.2.1 Preparing Soul Specimens.....	315
6.2.2.2 Concentrated Space and Sexual Disclosure	321
6.2.2.3 The Erotics of <i>Biedermeier</i> Therapy	327
6.2.2.4 The <i>Psychopathia Sexualis</i> Extracted from Asylum Life	343
6.2.2 Missionary Psychiatry	347
6.3 Summary.....	354
Bibliography	360

Illustrations

Volume I

1 Introduction

1 The Pinwheel Formation.....	6
Sketch by Kramer	
2 Administration Building and Central Court.....	13
In: Sensenmuseum	
3 Ward for Female Patients	14
In: Bresler, <i>Psychischkranke</i> , p. 1910	
4 Director's Office with Conference Table	15
In: Lötsch, <i>Anfänge</i> , p. 25.	
5 Director's Office	16
In: Sensenmuseum	
6 Assembly Hall.....	17
In: Sensenmuseum	
7 Das Narrenhaus.....	32
In: Fritz Ostini. <i>Wilhelm von Kaulbach</i> . Bielefeld: Oelhagen & Klasing, 1906, p. 43.	

3 The Psychiatry of *Gemüth*

8 <i>Illenau Weekly</i> , Christmas 1867, Albert Curta	89
In: PR Albert Curta	
9 <i>Illenau Weekly</i> , Christmas 1868, Albert Curta	90
In: PR Albert Curta	
10 <i>Illenau Twaddler</i> , Rudolf Junge	95
In: PR Rudolf Junge	
11 <i>Gahlenfest</i> Banquet.....	111
In: Sensenmuseum	
12 <i>Gahlenfest</i> Gymnastics Performance.....	111
In: Sensenmuseum	

Volume II

4 Asylum Space

13 Hübsch Plans.....	131
Sketch by Kramer	
14 Ground Plan (1852)	136
In: Roller, <i>Illenau</i> 1852	
15 Assembly Hall.....	150
In: Sensenmuseum	
16 Sleeping Hall.....	151
In: Sensenmuseum	
17 <i>Illenau</i> Ground Plan (1865)	154
In: Jetter, <i>Typologie</i> , figure #16.	
18 Side View of <i>Illenau</i>	158
In: Schneider, <i>Illenau</i> , 1992.	

19 Illenau Bath.....	167
In: Sensenmuseum.	
20 Illenau and its Surrounding Areas	175
In: Roller, <i>Illenau</i> , 1865.	
21 Illenau from a Distance.....	176
In: Bader, <i>Guide</i> , 1846.	
22 Patient's Sketch of Illenau	177
In: PR Albert Curta.	
23 Weinbrenner plan #1 for a City Street	180
In: Weinbrenner Ausstellung, 1978.	
24 Weinbrenner plan #2 for a City Street	181
In: Ibid.	
25 Illenau Side View.....	182
In: Roller, <i>Illenau</i> , 1865.	
26 Illenau Church.....	191
In: Lötsch, <i>Anfänge</i> , p. 23.	
27 Illenau Ground Plan (1831)	194
In: Jetter, <i>Typologie</i> , p. 152.	
28 Charenton Ground Plan	196
In: Ibid., p. 135.	
29 Panoptical Project (1814).....	202
In: Ibid., p. 88.	

5 Asylum Time

30 Illenau Church Bells	206
In: SA B6851/25.	
31 Patient Being Hand-fed.....	213
In: Sensenmuseum.	
32 Patients Weaving	219
In: Huber.	
33 Patients Cutting Vegetables	220
In: Ibid.	
34 Patients Farming	221
In: Ibid.	
35 The Psychiatrist of the Future.....	223
In: GLA 65/11731.	
36 Illenau Choir	250
In: Illenau Photoalbum, GLA.	
37 Illenau Brass Band	251
In: Ibid.	
38 Ehinger Composition	255
In: IW, Nr. 4, 1877.	
39 Patient Composition.....	260
In: PR Anna Lasserer	
40 Concert Program	261
In: Illenau Photoalbum.	
41 Illenau Marching Band	264
In: Sensenmuseum.	
42 Patient Drawing	268
In: Huber.	

43 Mendelsohn Tribute	269
In: IW, Nr. 27, 1872.	
44 Ground Plan of Gymnastics Hall	277
SA 65/11731.	
45 Gymnastics Song	299
In: Löschke, <i>Turnen</i> , p. 1849.	

6 Illenau Unbound

46 Sandhaas Etching of Illenau	327
In: Sensenmuseum.	
47 Picture of Schüle	331
In: Huber	
48 Fink's Inner Mission	353
In: EBG	

Abbreviations

AZP - *Allgemeine Zeitschrift der Psychiatrie*

ADB - *Allgemeine Deutsche Biography*. Leipzig: 1875.

IW - *Illenau Wochenblatt (Illenau Weekly)*

PR - Illenau Patient Records, State Psychiatric Hospital Emmendingen

ER - Illenau Employee Records, SA

EBA -Erzbischöfliche Archiv Freiburg

EBG - Evangelische Brüdergemeinde Archiv Königsfeld

GLA - General Landesarchiv Karlsruhe

Huber - Private archive Hugo Huber, Achern

SA - Staatsarchiv Freiburg

Sensenmuseum - Illenau Collection in *Heimats und Sensenmuseum* Achern

ABSTRACT

The dissertation is a study of a lost form of sensibility, *Gemütlichkeit*, which flourished in 19th century Germany and was, by all accounts, felt most acutely in the *Biedermeier* period. This sensibility was generated by the operations of the *Gemüth*, a “soul-organ” taken by those who believed in its influence to be both mental and physical as well as individual and collective. The conceptual and phenomenal framework which structured experiences of *Gemüth* is unearthed from the history of psychiatric practice in the southern German asylum Illenau during the period 1842–1889. This institution furnishes a vivid demonstration of that framework because its practitioners held mental illnesses to be, literally “illnesses of the *Gemüth*” (*Gemüthskrankheiten*). Consequently, they geared their treatment methods towards observing, regulating, and cajoling the afflicted organ.

At Illenau the medication to be administered to patients was experience itself and the asylum was arranged around a pharmacology of experience in which every ward constituted a separate world. The physician’s task was to move patients between wards according to their shifting psychiatric needs, a skill that depended most crucially on timing (*Takt*). Much of the thesis is devoted to reconstructing the phenomenology of asylum life from the organization of space, through its landscape and architecture, and of time, through the use of music and gymnastics. The relationship between *Gemüth* and sexuality is explored with respect to Richard von Krafft-Ebing’s *Psychopathia Sexualis* (1877), a text informed by, yet at odds with, the culture of *Gemüth* at Illenau where its author trained for five years, 1864-1869.

The research for this study is based on medical publications by Illenau physicians and other members of staff, such as asylum chaplains, music instructors and gymnastics teachers, on an asylum journal called the *Illenau Weekly* (1867-1896) and on the Illenau patient records.

Acknowledgments

To begin with I would like to thank two members of my dissertation committee, Lorraine Daston and Robert Richards, who between them must have put as many hours into me as I put into the thesis; their exceptional and unstinting guidance will stand as a permanent example to me. I would also like to express my gratitude to the other members of my dissertation committee, Andrew Abbott, Arnold Davidson, and Jan Goldstein, for endorsing this research project when it was little more than an intuition and for upholding their faith through early drafts when that intuition was threatening to take truly monstrous forms. In addition, I would like to acknowledge the sustained help I have received from three honorary supervisors, Roy Porter, Sander Gilman and Peter Galison, who never once let me feel that I was not one of their students. Here I would also like to mention Heinz Faulstich whose exceptional generosity at the very beginning of this project unleashed the courage and resilience required to see me through to the end.

This research project would have been unthinkable without the numerous comments and suggestions I have received over many years from colleagues and friends, especially: Daniel Alexandrov, Gerhard Baader, Vincent Barras, Horst Brombacher, John Carson, Andrea Dörries, Franz Dysarz, Eric Engstrom, Jacques Gasser, Wolfgang Gerke, Martin Gierl, Michael Hagner, Neil Harris, Natsu Hattori, Wolf Haug, Renate Hauser, Peregrine Horden, Paul Lerner, Karl-Heinz Leven, Gerhard Lötsch, Elizabeth Lunbeck, Gabriel Richter, Juanita Roche, Christoph Rott, Cay Rüdiger-Prüll, George Makari, Mark Micale, Michael Neve, Vivian Nutton, Josef Pesch, Hans-Jörg Rheinberger, Lutz Sauerteig, Simon Schaffer, Otto Sibum, Karen Schönwälder, Eduard Seidler, Sonu Shamdasani, Eduard Shorter, Skuli Sigurdson, Claudia Stein, Stuart Strickland, Akihito Suzuki, Ulrich Tröhler, David Wright. Equally essential has been the creative input of fellow students and friends including: Francesca Bordogna, John Ceccatti, Countesse

Estherhazy from Marylebone, Timothy Findley, Karl Galle, Tommy Gomez, Aleta Hayes, Ivan Hewett, Asia Lerner, Hannelore and Wolfgang Miekeley, June Mooney, Diamonds Mulcahey, Brian Ogilvie, Tobias Quilitzsch, Tracy Teslow, Jonathan Treitel, Paul Whyte and Regula Zink.

The following institutions provided the grants and access to resources necessary for the completion of this project: University of Chicago with special thanks to Gerri Cunningham, Fishbein Center with special thanks to Elizabeth Bitoy and Srilatha Prebhakar, National Endowment for the Humanities, Max-Planck Institute Berlin, Wellcome Institute London with special thanks to Sally Bragg, Achem *Heimat- und Sensesmuseum*, State Archive Karlsruhe, City Archive Freiburg, History of Medicine Institute Berlin, History of Medicine Institute Freiburg, State Psychiatric Hospital Emmendingen with special thanks to Herr Linke, Dr. Krzepinski and Dr. Baljer.

In conclusion, I would like to acknowledge the considerable sympathy pains that have been suffered by those with whom I form a psychological continuum. My parents who accepted all of the blame when things went wrong, received none of the credit when things went well and provided that high quality of moral support that only the most doting of parents can provide. And my husband who had the tremendous decency to finish his thesis before our fates were joined thus sparing me the prolonged ordeal to which I have, until recently, subjected him and who, nevertheless, assisted me in every way imaginable, even inventing a few new ways I did not previously know existed.

Introduction

I am delighted that amidst the many thorns of my life, I was able to discover at least one full blossoming rose; it was, admittedly, so ensnared by the thorns that, once I had pulled it to view, the rose was defoliated and my hand bloodied, but I did pluck it and its dying fragrance was restorative. This one month of delight, amidst the remaining moons of winter and fall, I spent – in an insane asylum.¹
(Bonaventura 1804)

The State Psychiatric Asylum Illenau began operation in 1842 in a purpose-built complex. The building is still standing. It is located in the state of Baden-Württemberg in the heart of the Black Forest outside a town called Achern and ten minutes by train from the spa town of Baden-Baden. Most recently the premises have served as a French army base. In the aftermath of German unification, the base was closed and the premises put up for sale.

In 1995 a video of Illenau was made as part of a real-estate pitch to attract potential investors.² The credits start rolling with an air view of the complex and the sound of stirring music. The spectator sees a large, cohesive complex consisting of one main wing with two symmetrical side-wings branching forward and sideways like a pair of antlers. A church tower protrudes from the center of the main wing. This arrangement produces a number of variously sized courtyards, none of which are fully enclosed. So, it is possible to look into every part of the building by walking around its periphery and, indeed, that is what the camera does for the first few shots. The simplicity of the colour scheme, peach stucco surrounded by dark green forest, is off-set by an irregular roof oscillating between two and three story-high units.

¹Bonaventura, *Nachtwachen*. Berlin: Behr's Verlag, 1904, p.77.

²*Ein Objekt für Visionen: Die Illenau*. Produced by N. Emmeler for the Achern city council, Vipro Videoproduktionen, 1995.

Relatively few changes have been made to Illenau since its days as an asylum. Both the colour scheme and roof structure are unchanged. Although the landscaped central court has given way to a helicopter landing pad, the church functions as a cinema and several of the rooms designed for single patients contain beds for three and four soldiers whose former term of residence is marked by an occasional center-fold on the wall, the overall configuration of space is true to the original design. A curative atmosphere still wafts through its long, spacious hallways which are flanked by large rooms to one side only and numerous windows to the other. Original fittings can still be found in fragmentary patches, a door handle here, a piece of stained glass window there, a mosaic of tiles preserved in an otherwise white tiled floor.

Attractive though the complex may be, it is historically mute. It cannot reveal how the specificity of its space reinforced a particular approach to psychiatric practice or how it generated a form of experience deemed therapeutic by its founders. To understand the original function of the complex, it will be necessary to reconstruct asylum life as it was perceived by all members of the Illenau community, including doctors, patients and employees. The following study does not adopt the perspective of any one group within the asylum. Rather, it is a history of the constraints and assumptions that organized the Illenau experience as a whole and enabled its diverse population to form that cohesive community which came to be known as the Illenau community (*Illenauer Gemeinschaft*).³

³In the period from 1842-1862 the patient population included the following non-Germans: Denmark 3; England 6; France 80; Greece 1; Havana 1; Holland 6; Italian 1; Russia 8; Switzerland 60. In: *Illenauer Statistik*. Karlsruhe: Friedrich Müller'sche Hofbuchhandlung, 1865, p. 37. On a more inclusive interpretation, the Illenau community also includes visitors. In 1874 alone, the asylum had 1876 visitors from the following national groups: 300 non-Baden Germans, 7 Austrian Germans, 1 Hungarian, 40 Swiss, 2 Dutch, 1 Belgian, 5 English, 13 French, 65 Russian Germans and Russians, 1 Norwegian, 1 Greek, 7 Americans. These figures exclude the following categories of visitor: 1) chaperones of new patients; 2) guests of employees; and, 3) family members of new patients. Counting those categories the number of visitors in 1874 was approximately 3000. In: *IW*, Nr. 23, 1874.

This study characterizes the Illenau experience in terms of the spatial and temporal parameters of asylum life from 1842 to 1889, the tenure of Illenau's first two directors: Christian Friedrich Roller (1802-1878)⁴ and Karl Hergt (1807-1889).⁵ Since Illenau was a product of the life-long collaboration between Roller and Hergt, this was a period of relative continuity in the perceived purpose and daily management of the asylum.⁶ On the assumption that the cultural circumstances which grounded the Illenau experience remained relatively constant in the specified period, the argument moves back and forth marshalling evidence from every decade. I refer to this culturally and phenomenally bounded continuum as the 'Roller-era', a deviation from the use of this term in the secondary literature where Roller-era refers exclusively to the period when Roller was director.⁷

⁴For biographical information about C. F. W. Roller, see: Dr. Max Fischer, "Christian Friedrich Wilhelm Roller (1802 - 1878). In: Theodor Kirchhoff, *Deutsche Irrenärzte. Einzelbilder ihres Lebens und Wirkens*. Berlin: Julius Springer, 1921, pp. 189-200. "C. F. W. Roller." In: *Badische Biographien*, Friedrich von Weech, vol. 3. Karlsruhe: Braun'sche Hofbuchhandlung, 1881, pp. 132-134. "Christian Friedrich Wilhelm Roller." In: Alma Kreuter, *Deutschsprachige Neurologen und Psychiater. Ein biographisch-bibliographisches Lexikon von den Vorläufern bis zur Mitte des 20. Jahrhunderts*, vol. 1. Munich, New Providence, London, Paris: K. G. Saur, 1996, pp. 1192-1194. "A. v. Zeller und Chr. Roller." In: *AZP*, 35 (1879), pp. 117-124. "Christian Friedrich Wilhelm Roller." In: *ADB.*, vol. 29, p. 95-97. "Christian Friedrich Wilhelm Roller. Der Neugestalter der Geisteskrankenfürsorge 1802-1878." In: *Mein Heimatland*, 1937, p. 259-262.

⁵Max Fischer, "Karl Hergt." In: Kirchhoff, *Deutsche Irrenärzte*, pp. 228-230. Also: *Badische Biographien*, vol. 3, 1891, pp. 177-185; "Nekrolog," *AZP.*, 47 (1891), pp. 199-209; "Nekrolog." In: *Karlsruher Zeitung*, 2. Nov. 1907, Nr. 301.

⁶Roller and Hergt served as directors of Illenau until 1889 when their student Heinrich Schüle became director ushering in a new era of scientific psychiatry. Roller predicted that the spirit of the asylum would die with Hergt and tried to write a provision into his will banning Schüle from becoming the directorship. A description of Illenau published in 1910 reveals that Roller's fears were warranted in that Schüle did, indeed, make considerable changes to the asylum complex by building "new observation stations" and "laboratories for microscopy, psycho-physical experimentation and urine diagnosis" for "scientific purposes." Heinrich Schüle, "Grossherzoglich Badische Heil- und Pflegeanstalt Illenau." In: *Deutsche Heil- und Pflegeanstalten für Psychischkranke in Wort und Bild*, Johannes Bresler. Halle a. S.: Marhold Verlagsbuchhandlung, 1910, pp. 1-9.

⁷Occasionally evidence will be adduced lying outside this time-frame provided it illustrates features of asylum life which were typical of the Roller-era.

1.1 The Pinwheel Motif

The Illenau community was held together by a cohesive system of belief, practice and experience organized around the treatment of mental illness. An example taken from Illenau's handbook for gymnastic therapy will characterize the functioning of this system as a whole. The scene is set in a gymnastics class where patients have assembled in a pinwheel formation. On the instructor's command, they are to make the formation rotate by walking in concentric circles. The routine fails because one patient on the periphery of the pinwheel is unable to synchronize her movements with the other patients in the group repeatedly falling out of step. Eventually the instructor saves the pattern by situating the troublesome patient in the very center of the formation where she need only revolve on one spot while the others sustain the rotation on all sides. The original account described the training of the patient for her position in the center as follows:

In the case of a girl suffering from imbecility...he could only make her comprehend turns of a half, a quarter and an eighth by drawing a circle with chalk around her on the floor and dividing it by lines first in halves then quarters then eighths. One by one he named each radius with a fraction $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{8}$, $\frac{3}{4}$, $\frac{3}{8}$ etc. and inscribed each fraction with the letter r. or l. (right or left). By this method he finally succeeded in training the girl who stood at the center of the circle formation to execute turns in co-ordination with the other gymnasts according to his command.⁸

The author cites this example as evidence of the benefits of gymnastics. Indeed, it is the only empirical example featured in the handbook. But his point could easily be lost on a modern reader. After all, the patient is not cured, nor even significantly improved. One might even be tempted to argue that the instructor merely masks his patient's

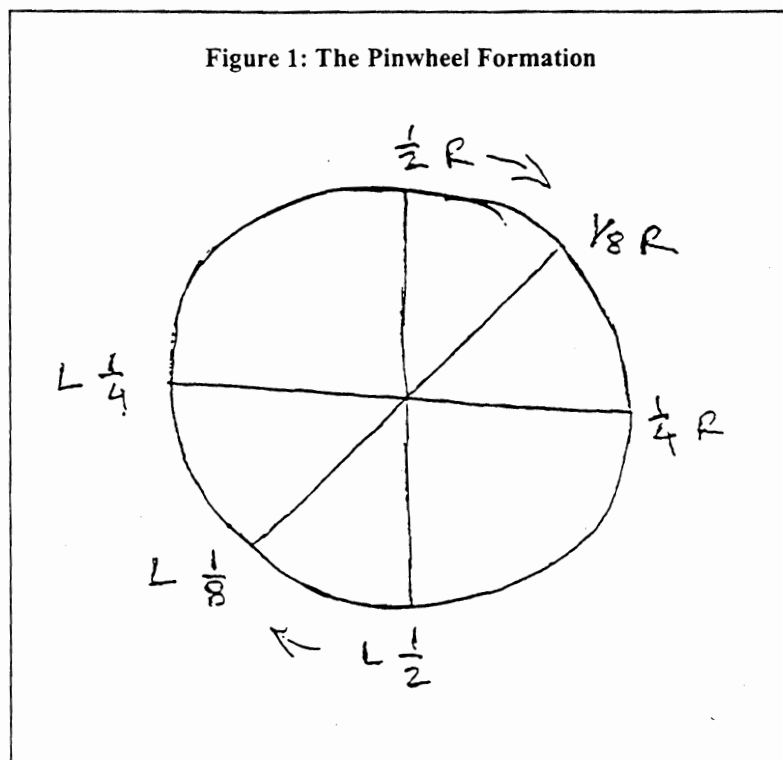
⁸J. T. Löschke, *Über das Turnen Geisteskranker im Allgemeinen und in Sonderheit über das Turnen der Geisteskranken in der königlich sächsischen Heil- und Verpflegeanstalt Sonnenstein bei Pirna*. Pirna: Keller & Son, 1849, p. 27 - 28.

psycho-physical deficiencies behind a simulation of sanity. Yet the prominence of this example in the handbook demonstrates that the author and his intended audience had no such critical association. The marked discrepancy in the resonance of this anecdote then and now is rooted in our respective shared assumptions, explicit and implicit, about madness and its appropriate treatment. Besides evoking the ancient mystical symbolism of a body in a magic circle,⁹ the pinwheel concentrated in a single, graphic image assumptions shared by members of the Illenau community.¹⁰ These assumptions can be characterized in terms of four organizing concepts which define the parameters of any possible psychiatric system, namely: illness, treatment, cure and institution.¹¹

⁹This ubiquitous symbolism appears in Leonardo da Vinci's etching of a man in a circle, Bertolt Brecht's *Caucasian Chalk Circle* and, more recently, the final scene of Werner Herzog's *Nosferatu*.

¹⁰As an explanatory device, the pinwheel is comparable to Fritz Ringer's concept of the "German Mandarin." But instead of characterizing a historical type, the pinwheel characterizes a cultural situation. [Fritz Ringer, *The Decline of the German Mandarins. The German Academic Community, 1890-1933*. Cambridge, MA: Harvard University Press, 1969.] But the pinwheel is more closely related to asylum life than Ringer's Mandarin to the German *Bildungsbürger*, because gymnastics instruction actually figured in Illenau's psychic cure regimen. Like Foucault's "Panopticon" which was both a metaphor of surveillance and a design for institutions of surveillance, the pinwheel was not only *like* the asylum, it was a *part* of the asylum. [Michel Foucault, *Discipline and Punish. The Birth of the Prison*. Translated by Alan Sheridan. New York: Vintage Books, 1979, p. 195-228.]

¹¹Leibbrand and Wettley have organized their history of psychiatry from antiquity to Freud around the crystalization of these four categories in consecutive periods across different countries. Werner Leibbrand and Annemarie Wettley. *Der Wahnsinn*. München: Verlag Karl Alber, 1961.



- With respect to *illness*, the patient in the above example is said to be suffering from “imbecility” (*Blödsinnigkeit*), a term which did not have a clear diagnostic profile. It makes no claim on the condition being primarily of physical or mental origin and has little more descriptive content than to designate the offending gymnast a psychiatric patient.
- With respect to *treatment*, the episode identifies gymnastics as a tool for therapeutic intervention and, thus, posits physical movement and sensory stimulation as a means of treating mental illness. By emphasizing sense perception, this example associates psychiatric therapy with restructuring the immediate physical environment of patients, rather than intervening in their mental life through drugs or routines of persuasion.
- With respect to *cure*, the example is cited as evidence of therapeutic success even though the patient does not learn to co-ordinate her leg movements with the other

patients nor, apparently, to appreciate the geometry of wheel rotation. Nevertheless she has been 'cured', or at least improved, because she is able to participate in a group activity. The cure is not associated with eliminating her symptoms of imbecility or forcing her to dance on the periphery of the formation; it consists in finding a task befitting her restricted abilities.

- With respect to *institution*, the sustained rotation of the pinwheel formation represents the functioning of a community whose every member occupies a social position commensurate with his or her abilities. Instead of adjusting the behaviour of each patient to the social sphere, the social sphere has been re-organised to accommodate its patients. The institution is comprised of a complex pattern of routines which serves to inculcate an appreciation for that re-organized social sphere in all of its inhabitants.

The founders of Illenau created just such a rotating pinwheel of social action in the asylum community. Their concept of mental illness was both larger and less specific than ours, encompassing a wide spectrum of idiosyncratic behaviours, personal predicaments and curious beliefs. Their concept of treatment was both more coercive and less interventionist, relying on the orchestration of collective behaviour rather than the suppression of individual symptoms. Their concept of cure was both more pragmatic and less essentialist, in that it strove to dissolve the pathological self rather than restore its state prior to the onset of illness thus fortifying its boundaries. Their concept of a psychiatric institution was both more paternalist and less standardized demanding obedience and co-operation while providing sanctuary and shelter.

The above characterization of Illenau is, as you will already have noted, exaggerated for purposes of clarity. Illenau was, at best, a wobbling wheel. The asylum records reveal many instances in the daily life of the institution when patients were forced to dance on the periphery and physicians opted for medication over manipulation.

Yet, the pinwheel motif serves as a reminder that the four organizing concepts of illness, treatment, cure and institution were not defined individually but revolved within an integrated system of thought known amongst contemporaries as the “Illenau School of Psychiatry” (*Illenauer Schule*). This school was rooted in a particular theory of mental life which held psychological reality to be the product of the operations of *Gemüth*, a “soul-organ” with no specific location that was both mental and physical as well as individual and collective. This theory is the principal concern of chapter two.¹²

When the *Gemüth* was functioning properly it was able to absorb the heterogeneity of naturally occurring sensations, i.e. of physical, social and religious origins, and fashion them into a single balanced totality of experience. When the *Gemüth* was impaired it ceased to be able to perform this function with the result that those afflicted could no longer appreciate the nuance of the physical environment, nor recognize their place within the social order, nor have religious feelings. An imbalance of *Gemüth* inevitably manifested itself in a diminished sense of well-being and a keen awareness of the discomfort afforded thereby. Illenau practitioners believed mental illnesses to be, literally, “illnesses of *Gemüt*” (*Gemüthskrankheiten*). The treatment methods Illenau physicians devised to correct this condition rendered the operations of *Gemüth* temporarily obsolete by arranging the asylum environment in such a way as to be inherently well-formed. It replicated the operations of *Gemüth* by structuring reality in such a way as to present itself as a single, balanced totality to inhabitants and, thus,

¹²There is no accurate translation of *Gemüth* into English. In Kluge’s etymological dictionary the word is traced to the German word ‘Mut’ which has a common root with the English ‘mood.’ [Friedrich Kluge, *Etymologisches Wörterbuch der deutsche Sprache* Berlin/New York: Walter der Gruyter, 1975.] Some translators have used ‘temperament’ as an English equivalent but that has connotations of an innate condition whereas *Gemüth* in the Illenau sense is variable and contingent. In many English texts the word is translated as ‘soul’. But I do not use this translation since, in the context of Illenau, *Gemüth* refers to a specific conception of the soul-life that spawned a specific approach to psychiatry.

restoring the former quality of experience. Like an artificial organ, such as a heart-lung machine, the asylum replaced the functioning of the *Gemüth*.

But the asylum also did more. Immersion in asylum life was thought to be directly restorative for the *Gemüth*, insane or not. The medication administered to patients at Illenau was experience itself. Every aspect of asylum life was designed to integrate heterogeneous elements into a balanced whole: its accommodation classes, diversity of wards, festive events, panorama, daily schedule, musical concerts and gymnastics routines projected a *Biedermeier* conception of the well-ordered life onto the Illenau community. Illenau officials favoured those manifestations of order which would inculcate a palpable sense for the coherence of the social sphere and suggest to individuals their place within that sphere. Asylum life comprised a pharmacology of experience in which each ward constituted a separate life-world; that is to say, it had a distinctive physical, social, aesthetic and rhythmic texture. Each material environment was correlated with a particular set of psychological predispositions and needs. The physician's task was to move patients between the wards, i.e. between different forms of experience, according to their shifting psychiatric needs, a skill that depended most crucially on timing or, as Illenau physicians said, *Takt*.

The art of this psychiatry, i.e. the psychiatry of *Gemüth*, was essentially the art of composing what might be termed a 'curative culture'. Unlike modern scientific psychiatry which emphasizes the treatment of individual patients, the psychiatry of *Gemüth* emphasized the treatment of an entire patient community. Rather than target specific symptoms of individual patients, this approach devised a method of treatment based upon the immersion of a patient community in a multifarious phenomenal universe. Illenau officials did not, however, refer to this universe as a 'curative culture'. They attributed the transformative power of asylum life to the influence of collective *Gemüth* whereby their notion of collective *Gemüth* bears a striking resemblance to our

notion of culture. Indeed, both terms came into circulation at the end of the 18th century when, as Norbert Elias has demonstrated, the German concept of 'culture,' accentuating regional specificity, began to be pitched against the French concept of 'civilisation,' accentuating universalizable human traits.¹³ The German culture concept, as defined by Elias, carried many of the same associations as *Gemüth* insofar as it referred to those invisible forces which govern the "spiritual, artistic and religious" components of experience. Elias defines the culture concept as follows:

In its essence, it [the concept of culture] refers to spiritual, artistic, religious facts and has a strong tendency to draw a sharp line between facts of this kind, on the one hand, and facts of a political, economic and social variety, on the other.¹⁴

Unlike the above definition of culture, however, the concept of *Gemüth* collapsed the "sharp line" identified by Elias. The *Gemüth* as it was conceived by members of the

¹³Many of the themes discussed by Elias are mirrored in an article by Hergt in the *Illenau Weekly*: "Höflichkeit und Wahrheit." IW, 25, 1876. "It is difficult for us Germans to combine truth and politeness because we are especially incapable of recognizing the form of an idea. We have an extraordinary lack of sense with regard to the recognition of forms. The reason for this is that we are strongly inclined to examine an idea in its entire depth and scope before we try to give expression to it. Moreover, we find it difficult to examine one idea in isolation; we see it in its context with whole series of related ideas drawing our attention to themselves. We think about things with such *gemütlich* participation that, in the end, we come to think of the thought as being something intimately personal, something that has become fused with our *Gemüth*. For all of these reason we do not easily adopt an objective perspective on ideas or attribute to them the content they merit. The Roman peoples - Italian, French etc. - are more talented in this respect. They are able to determine the appropriate way of expressing an idea because its form presents itself to them more effortlessly. In order to grasp form, it is necessary to dwell at a certain level of comprehension and not to move beyond that level in pursuit of a more complete form of understanding. It is simply impossible to have it both ways: to recognize an idea in its full depth and scope and, at the same time, to appreciate the independent form of that idea. The Roman peoples are quickly able to achieve a conventional understanding, but they also arrive more quickly at empty phrases. The empty phrase is not the German way. Yet the inability of Germans to appreciate the form of things also makes itself felt in their social interactions. Relationships from one person to another are the unqualified domain of the *Gemüth*, that is the domain where the *Gemüth* wants to dominate. But the *Gemüth* is, by its very essence, without form and its manifestations in behaviour are similarly without form. Thus, it is easily lead astray for good and bad reasons. The *Gemüth* forms and immediate and profound attachment when it feels attracted and turns away when it feels repelled - these inclinations suffice to explain that characteristic lack of self-control to which Germans are prone in their public demeanour...What is more, we are inclined to moderate our behaviour towards others according to our assessment of them as moral and intellectual beings, an inclination that certainly does not facilitate social relations since politeness is supposed to be disseminated generally, like sunlight, without asking whether or not it is justified."

¹⁴Norbert Elias, *Über den Prozeß der Zivilisation*. 2 vols, Suhrkamp: Baden-Baden, 1977, vol 1: p. 1-17, quote p. 2.

asylum community comprised both the “spiritual” as well as the “social” realms of experience.¹⁵ For Illenau physicians reality was a psychological extension of the ontological structure of *Gemüth* which they sometimes conceived as to be ‘thing-like’ and sometimes ‘process-like.’

According to contemporary accounts, the influence of *Gemüth* was felt most acutely in the *Biedermeier* period, roughly 1815 to 1848.¹⁶ *Biedermeier* designates a culture of inwardness which celebrated family values, privileged the private over the public, mistrusted individualism and was demonstrably apolitical.¹⁷ Johanna Blecker has demonstrated that these values extended into the practice of general medicine leading to the rise of what she calls “*Biedermeiermedizin*.”¹⁸ Surprisingly, however, she does not identify the emergent medical speciality of psychiatry – with its emphasis on the doctor/patient relationship, its faith in the curative power of private interactions, and its rhetorical invocation of the ‘asylum family’ – as a prime manifestation of this historically specific phenomenon. Illenau’s interior spaces recall the domestic atmosphere of a *Biedermeier* home as described in, for example, Thoman Mann’s *Buddenbrooks*: the organized privacy of the director’s doily-laden office, the boudoir-style hallway on the

¹⁵“At the beginning of the 19th century medicine, and especially psychiatry, understood itself as being a universal science in which intellectual, social and scientific elements were interwoven to the point of being inseparable. Unlike the ‘Brain-psychiatrist’ of the late 19th century, the ‘Anthropologist-psychiatrist’ of the early 19th century believed that medicine was always also social medicine.” Achim Thom, “Erscheinungsformen und Widersprüche des Weges der Psychiatrie zu einer medizinischen Disziplin im 19. Jahrhundert.” In: *Zur Geschichte der Psychiatrie im 19. Jahrhundert*. Berlin: Verlag Volk und Gesundheit, 1984, pp. 11-32, p. 24.

¹⁶*Hermes Handlexikon. Das Biedermeier. Kultur zwischen Wiener Kongreß und Märzrevolution*. Edited by Marianne Bernhard. Düsseldorf: Econ Taschenbuch Verlag, 1983, introduction. For a discussion of *Biedemeier* as a broad cultural phenomenon, see: Willi Geismeyer. *Beidermeier*. Wiesbaden: Ebeling, 1982. For a discussion of the *Biedermeier* period as reflected in literature, see: Friedrich Sengle, *Biedermeierzeit. Deutsche Literatur im Spannungsfeld zwischen Restauration und Revolution 1815-1848*. 2 volumes. Stuttgart: J. B. Metzler, 1970.

¹⁷For a specific discussion of the medical situation in Baden during the *Biedermeier* period, see: Christine Tripps, “Robert Wilhelm Volz (1806-1882). Biographie eines badischen Arztes in der Zeit des *Biedermeier*.” Tripps shows how Volz reorganized the state medical services in order to discourage doctors from being politically active.

¹⁸ Johanna Blecker, *Biedermeiermedizin – Medizin der Biedermeier? Tendenzen, Probleme, Widersprüche 1830-1850*. *Medizinhistorisches-journal* 23(1988): 5-22.

female wards and the assembly room with its visual quotation of *ersatz* domesticity in the quaint assembly of a piano, Persian rug and sofa chairs (see photos below). Indeed, the term '*Biedermeier*' was coined by Adolf Kußmaul (1822-1902), a doctor who frequently treated members of the Illenau community and whose sister, Ernestine, was confined at the asylum for 23 years.¹⁹

Given that the Roller-era falls just at the close of *Biedermeier* period as defined in the general historical literature, it might seem anachronistic to refer to the psychiatric approach developed at Illenau as a form of *Biedermeier* medicine. Yet the *Biedermeier* values which infused the Illenau project persisted in the local setting of the asylum long after they had ceased to dominate the larger cultural situation.²⁰ Just as a *Biedermeier* couch will retain its character even after fashions in interior decorating have moved on, so too the *Biedermeier* Psychiatry of *Gemüth* continued to reinforce its distinctive brand of well-ordered experience even after fashions in the organization of the soul-life had changed.

¹⁹ PR: Ernestine Kußmaul, 1871. Heide Schwabe. *Adolf Kussmaul und die Entstehung der Epochenbezeichnung "Biedermeier."* PhD thesis: University of Cologne, 1974. *Handlexikon Biedermeier*, p. 7. Sengle, *Biedermeierzeit*, p. 121.

²⁰The *Biedermeier* atmosphere created within the asylum contrasted sharply with the technological sophistication of the asylum as a medical institution. This tension was recognized by the asylum directors themselves. As Damerow said in 1864: "Insane asylums must carry the sign of the times if they are not to end up standing outside of time. Recognizing the significance of central heating and appliances is a requirement." Quoted in: Blasius, *Einheitspsychose*, p. 50.

Figure 2: Administration Building and Central Court



Figure 3: Ward for Female Patients



Figure 4: Director's Office with Conference Table



Figure 5: Director's Office

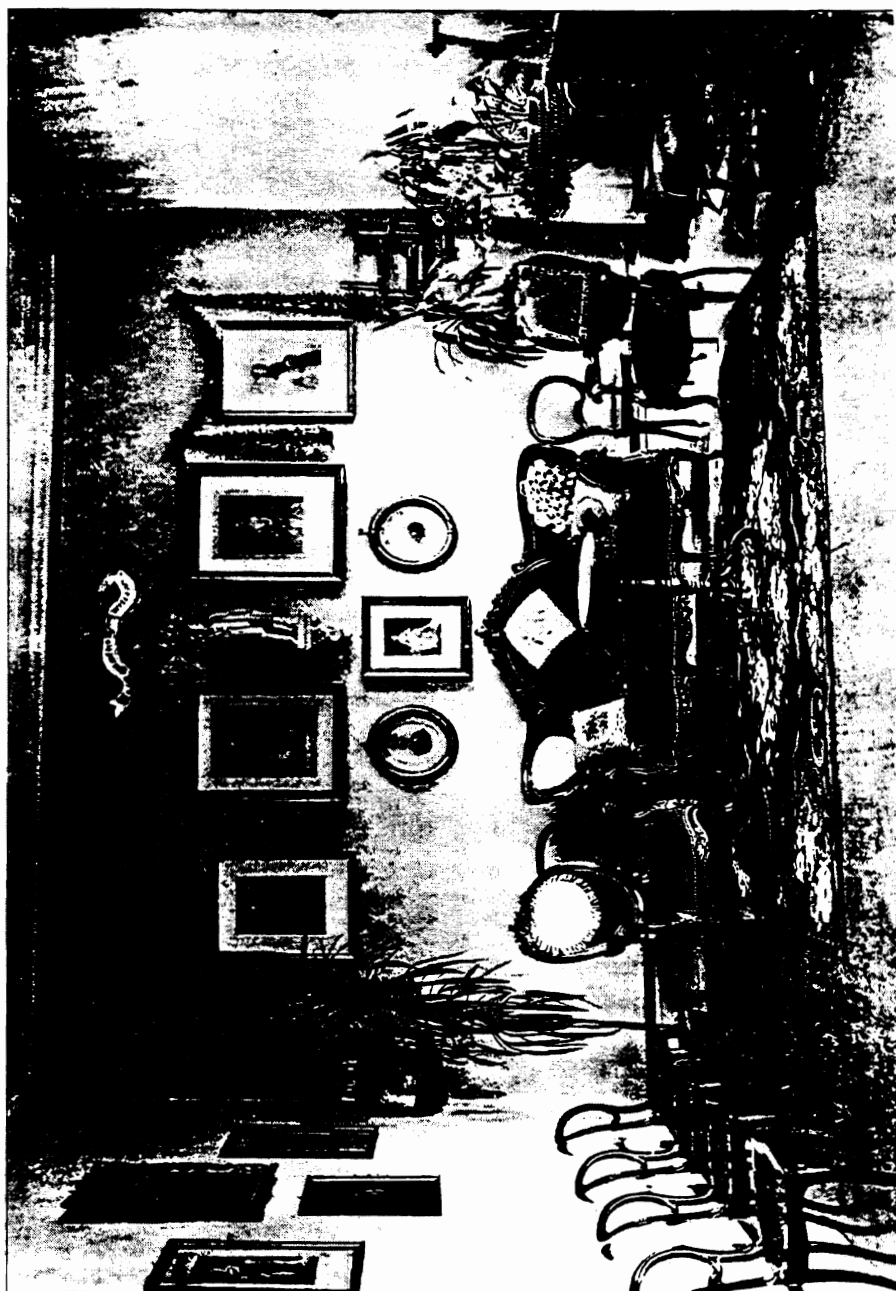
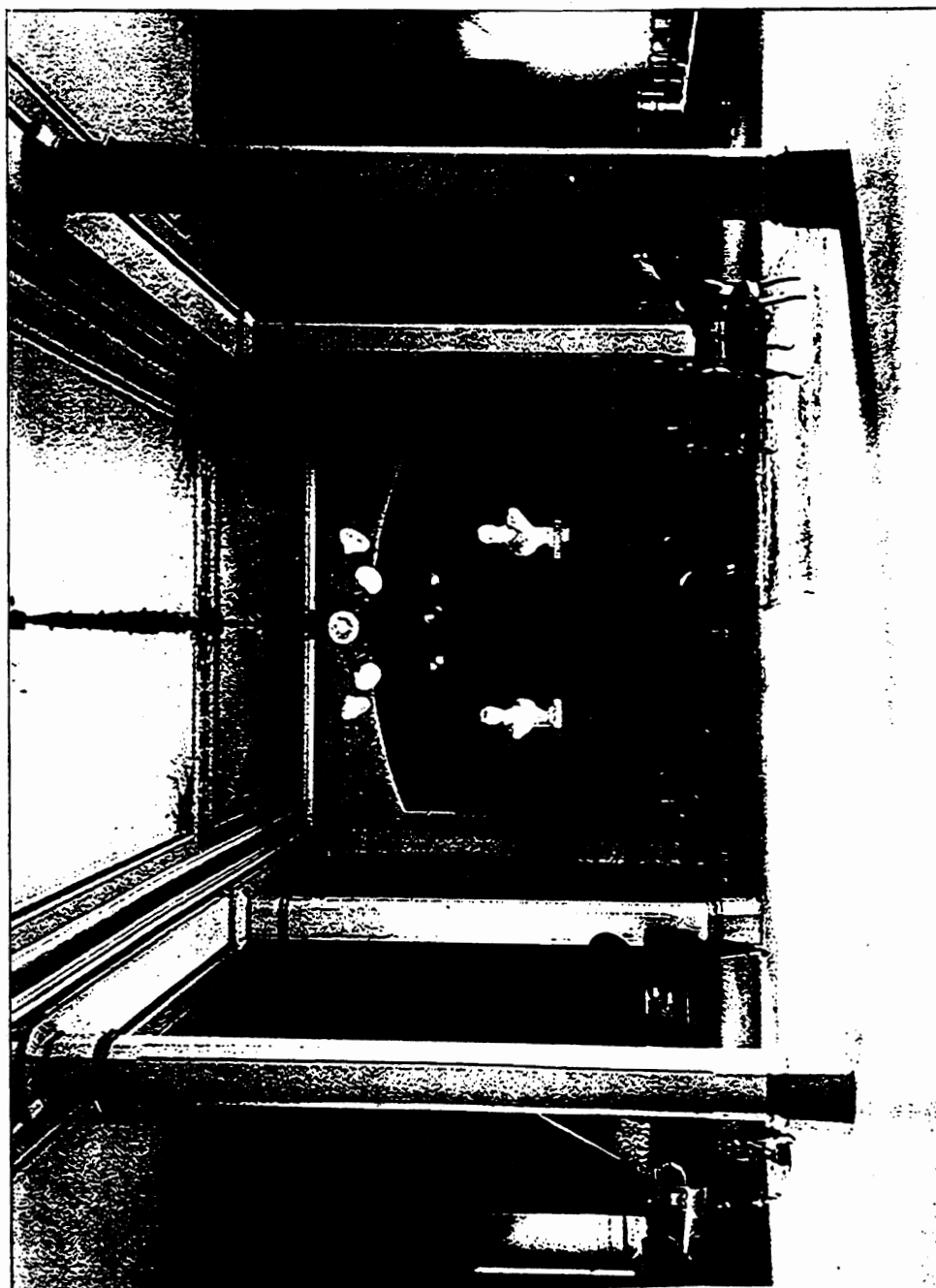


Figure 6: Assembly Hall



Nevertheless, the role of the *Gemüth* concept at Illenau cannot be understood in isolation from its broader cultural context. If such cultural contextualisation is generally important, it is especially so in the history of psychiatry. As the German historian of medicine Gerhard Fichtner has said, “phenomenologically grounded categories” (*phaenomenologisch fundierter Kategorien*) dominate medical descriptions, especially in psychiatry.²¹ Fichtner failed to emphasize, however, that these phenomenologically grounded categories hold for all participants of the psychiatric encounter which at Illenau included physicians, patients and employees. The *Gemüth* concept drew the asylum inhabitants into a cohesive phenomenological universe because it not only determined how psychiatrists construed their professional role and organized asylum life, it also structured patients’ perception of the Illenau environment. An inevitable reflexivity governs psychiatric practice, whereby the significance and efficacy of a medical intervention is informed by a patient’s prior psychological state, which is in turn informed by culturally conditioned expectations regarding the efficacy of the proposed intervention. Stated in general terms: the phenomenological conditions which render a given therapeutic approach plausible in its day also increase the susceptibility of the target population to the treatment methods entailed by that approach. Applied to Illenau this meant that the efficacy of stimulating *Gemüth* depended, at least in part, on the majority of Illenau patients having been raised in a culture which appreciated the operations of this elusive soul-organ.

²¹Gerhard Fichtner, “Krankenunterlagen als Quellen. Auswahl und Erschließung aus der Sicht der Forschung.” In: *Der Archivar. Mitteilungsblatt für deutsches Archivwesen*. vol. 44, 4 (1991), p. 550-558.

1.2 Facts and Fictions

Baden's first public institution for the confinement of madness was Pforzheim, founded in 1718.²² It served simultaneously as orphanage, hospital, asylum, prison and work house.²³ In 1804 Pforzheim was placed under the supervision of a physician, Johann Christian Roller (1773-1814) and its prison and orphanage services transferred to other establishments.²⁴ This physician lived on the Pforzheim premises with his family including his son Christian Friedrich Roller, future director of Illenau. Young Roller was only twelve when his father died. Yet he was able to receive a medical education by being placed into the foster care of a personal physician of the duke and receiving state scholarships to complete high school, medical school and an apprenticeship tour of European asylums which took him to study in Germany,²⁵ France, Belgium and Holland. In 1826 the Pforzheim asylum was moved to Heidelberg where, under the directorship of Friedrich Gross (1768 - 1852), it was annexed to the medical faculty of the university. Within a year of Roller's return, the duke had appointed him a junior doctor at Heidelberg even though Roller had not even submitted a medical dissertation. The duke's overt favouritism rankled Roller's new colleagues and laid the foundations for long lasting tensions between the Heidelberg faculty and Roller. Although it is unclear why the duke chose to place his confidence in Roller in particular, there can be no doubt that

²²In 1872 Pforzheim celebrated its 550th anniversary and the Weekly featured many articles about its history. IW, Nr. 32 & 41 & 43

²³Walter Stemmer, *Zur Geschichte des Waisen-, Toll- und Krankenhauses, sowie Zucht- und Arbeitshauses in Pforzheim*. PhD thesis. Albert-Ludwigs-Universität, Freiburg i. Br., 1913.

²⁴For a detailed discussion of Roller senior's activities in Pforzheim, see: Walter Stemmer, *Das Irren- und Siechenhaus Pforzheim und seine Ärzte*. In: AZP, vol. 71, 1914, pp. 289-307. Roller senior also wrote about the deficiencies of the Pforzheim asylum and suggested possible improvements in: Johann Christian Roller, *Erster Versuch einer Beschreibung der Stadt Pforzheim, mit besonderer Beziehung auf das physische Wohl ihrer Bewohner*. Pforzheim, 1811. Not surprisingly, some of the conditions later realized at Illenau are recommended in this book.

²⁵In Germany, Roller studied with Ernst Ludwig Heim, Wilhelm von Horn, Johann Gottfried Langermann and Maximilian Jacobi.

he had compelling personal reasons for endorsing the progress of psychiatric medicine in general since both his mother and eldest son were mentally ill.²⁶

Despite his junior position, Roller immediately began to campaign for the improvement of conditions in Heidelberg claiming that the premises were too cramped, the bathing facilities inadequate and the location in a city center detrimental to patients who had no open grounds and protection from preying eyes. In 1830 the government responded to his demands by re-opening the Pforzheim asylum as a temporary shelter for 60 patients. One year later, Roller published *The Asylum from Every Perspective* which established his reputation internationally and outlined his vision of institutional psychiatry.²⁷ His plans for the construction of a purpose-built establishment were approved the same year.²⁸ In 1835, while the new building was still under construction, Roller replaced Gross as director of the Heidelberg asylum.²⁹ Roller soon hired Hergt to be his assistant doctor and in 1838 published a second, more detailed book delineating his vision of a curative asylum, *Principles for the Construction of New Asylums, Especially the Cure and Nursing Asylum Near Achern in the Grand-duchy of Baden*.³⁰

²⁶The mental illness of members of the royal family is discussed in: Fritz Hirsch, *100 Jahre Bauen und Schauen*. Karlsruhe: Badenia, p. 1928.

²⁷C. F. W. Roller, *Die Irrenanstalt nach allen ihren Beziehungen*. Karlsruhe, 1831.

²⁸Roller claims that he received positive encouragement for his planned asylum as early as 1827 [Roller, Illenau, 1852, p. 200]. For a discussion of the move from Heidelberg to Illenau, see: Clemens Beck, *Die Geschichte der Heil- und Pflegeanstalt Illenau unter Chr. Fr. W. Roller (1802–1878)*. PhD thesis, Albert-Ludwig-Universität Freiburg i. Br., 1983, p. 13-23. C. F. W. Roller, *Beleuchtung der von der medicinischen Facultät zu Heidelberg gegen die Errichtung der neuen badischen Irrenanstalt erhobenen Einwürfe*, 1837, pp. 84-19 (numbered incorrectly in original text). C. F. W. Roller, Illenau. "Verlegung der badischen Landes-Irrenanstalt von Heidelberg nach Illenau." *AZP*, vol. 1, 2(1844), pp. 214-228.

²⁹Beck says that Roller's insistence led to Gross being retired early. Beck, *Illenau*, p.17-18. Other authors suggest that Gross became an easy target through his false diagnosis of a notorious patient, i.e. Pfarrer Sievert, which compromised his professional reputation. Adolf Kußmaul, *Aus meiner Dozentenzeit in Heidelberg*. Stuttgart: Bonz & Comp, 1903, p. 14-26.

³⁰C. F. W. Roller, *Grundsätze für Errichtung neuer Irrenanstalten, insbesondere der Heil- und Pflegeanstalt bei Achern im Grossherzogthum Baden*. Karlsruhe: Müller, 1838.

This book represented the collaborative efforts of Roller, Hergt and Heinrich Voss (?-1849), the asylum architect.

The Illenau asylum opened in 1842. Its 400 places for patients were filled within a few years even though Roller had offered guarantees to governmental officials that Illenau would be able to accommodate Baden's mentally ill for the indefinite future. In 1846 Pforzheim had to be re-opened, providing an additional 500 places for patients. Yet the asylum population continued to grow and Illenau became increasingly cramped as Roller was forced to set up more and more beds. By 1850, an additional 50 places were added and, by 1854, an additional 90 places.³¹ But none of these measures sufficed to cover demand. By 1864 the problem of overcrowding had become so serious that Roller submitted an application for the construction of a new asylum in Emmendingen for 1000 patients.³² It is evidence of Roller's waning influence, the disappointed hopes associated with Illenau and the altered political climate that this second application was refused.³³ Instead, a new psychiatric clinic attached to the university of Heidelberg was opened in 1878, the year of Roller's death. Roller was succeeded by Hergt (1878-1889), then Heinrich Schüle (1890-1916), then Ernst Thoma (1917-1929), and finally Hans Römer (1929-1940). The two latter directors never rivaled the pre-eminence of their predecessors. Illenau was closed by the Nazis in 1940 and the building converted into a

³¹Adolf Kußmaul, *Aus Meiner Dozentenzeit in Heidelberg*. Stuttgart: Adolf Bonz, 1903, p. 9. Under Schüle the asylum patient population grew to 750 patients. Bresler, *Psychischkranke*, 1910.

³²Twenty-four years after its initial suggestion, an asylum was erected in Emmendingen but it differed greatly from the one originally proposed by Roller. C. F. W. Roller. *Ueber Abhilfe des Raummangels in den beiden Staats-Irrenanstalten des Großherzogthums Baden, insbesondere durch Kreisspitäler*. Illenau, 1873. Dr. Roller and Dr. Fischer. *Das Projekt des Neubaus einer zweiten Heil- und Pflegeanstalt im Großherzogthum Baden, vor den Landständen und den beiden medicinischen Fakultäten. Mit allgemeinen Bemerkungen über die Errichtung von Irrenanstalten und über psychiatrischen Unterricht*. Karlsruhe: Chr. Fr. Müller'sche Hofbuchhandlung, 1865; Reprinted in: AZP, 24 (1867), pp. 216-222.

³³Martina Ilse Birlinger-Tögel. *Die Heil- und Pflegeanstalt Emmendingen. Die Geschichte ihrer Planung, ihres Baues und ihrer Entwicklung*. PhD thesis. Albert-Ludwigs-Universität Freiburg i. Br., 1986, p. 35-38. *Chronik 1889-1989, Landeskrankenhaus Emmendingen, Fachkrankenhaus für Psychiatrie*. Emmendingen, 1991, p. 7-15.

girl's boarding school in the context of the *Lebensborn* program. In 1947 it was turned into a French army base. Since 1995 the premises have been empty.

Roller's break with the university of Heidelberg and his move to Illenau in 1842 is interpreted in the secondary literature as a pivotal event in the history of pre-Freudian German psychiatry. Its significance is associated with Roller's formative influence as a profession-builder. He was one of the founding members of the *Allgemeine Zeitschrift der Psychiatrie*, the first successful journal of psychiatry in Germany,³⁴ and belonged to a network of psychiatrists who studied together, dedicated books to each other, belonged to the same professional bodies, trained each other's students and defended each other in malpractice suits.³⁵ The members of this network were, for the most part, directors of related institutions.³⁶

³⁴Bodamer discusses the importance of this journal for the professional development of psychiatry. Bodamer, "Entstehung", 511-535.

³⁵According to Bodamer, institutional linkages existed between a host of "humanitarian and charitable asylums" which profited from a favourable fusion of intellectual climate, fiscal situation and social policy in the period from 1830 to 1860. J. Bodamer, "Zur Entstehung der Psychiatrie als Wissenschaft im 19. Jahrhundert." *Fortschritte der Neurologie - Psychiatrie*. vol. 21. 11 (1953), pp. 511-535, p. 512, 518. This network of psychiatrists has received less scholarly attention than one might expect given its influence on the early history of German psychiatry. Oblique reference to it occurs in the context of other investigations. Zilboorg's description of the opposition between somatic and psychological traditions in psychiatry, for example, portrays this network of colleagues as being defined by their opposition to dynamically inclined practitioners. Jetter documents the activities of this network through its physical manifestations in asylum architecture. [Dieter Jetter, *Grundzüge der Geschichte des Irrenhauses*. Darmstadt, 1981. -, *Zur Typologie des Irrenhauses in Frankreich und Deutschland (1740-1840)*. Wiesbaden, 1971.] Schmidt-Michel is one of the few scholars who has focused on the network itself by studying the activities of the Association of German Psychiatrists, a professional body to which most of the above directors belonged. [Paul-Otto Schmidt, *Asylierung oder familiäre Versorgung. Die Vorträge auf der Sektion Psychiatrie der Gesellschaft Deutscher Naturforscher und Ärzte bis 1885*. Matthiesen Verlag, 1982.]

³⁶According to Bodamer, Illenau "served as a model for numerous asylum in Germany and other countries...its significance for the sociological development of psychiatry can hardly be overestimated and is still palpable today." [Joachim Bodamer, "Zur Entstehung der Psychiatrie als Wissenschaft im 19. Jahrhundert." *Fortschritte der Neurologie - Psychiatrie*. vol. 21. 11 (1953), pp. 511-535, p. 519.] Middelhoff makes the following dramatic pronouncement: "Mit seiner relativ verbundenen Heil- und Pflegeanstalt zog Roller ein deutsches Fazit der englischen, französischen, italienischen und spanisch-arabischen Krankenhauspsychiatrie und vereinigte geistes- und ideengeschichtliche Strömungen und Gesellschaftslehren der Aufklärung, der Naturphilosophie, des Liberalismus, insbesondere der schottischen Moralphilosophie, des deutschen Idealismus und der romantischen Reaktion zu einer gebündelten Strategie nervenärztlicher Gesamtversorgung." [H. D. Middelhoff, "C. F. W. Roller und die Vorgeschichte der Heidelberger Psychiatrischen Klinik." In: *Psychopathologie als Grundlagenwissenschaft*. Edited by Werner Janzarik. Vol. 8 of *Klinische Psychologie und Psychopathologie*, pp. 33-50, p. 45.]

Although there are many ways of determining the set of institutions belonging to this network, Roller declared his affiliation to the following establishments:³⁷ Siegburg (1825) near Bonn directed by Maximilian Jacobi (1775-1858)³⁸, Sonnenstein (1811) near Pirna directed by Ernst Gottlieb Pienitz (1777-1853)³⁹, Winnenthal (1834) near Stuttgart by Ernst Albert Zeller (1804-1877)⁴⁰, Halle-Nietleben (1844) by Heinrich Damerow (1844), Erlangen (1846) by Solbrig, Frankfurt Heil- und Pflegeanstalt by Heinrich Hoffmann, and Schweizerhof in Berlin by Heinrich Laehr (1820-1905).⁴¹ In addition, Illenau exercised its own formative influence. It was the first and for a long time the only asylum to provide a subsidized internship program, enabling it to serve as a training ground for several generations of psychiatrists and mental health care reformers, including Richard von Krafft-Ebing (Vienna and Graz), Bernhard von Gudden (Zurich and Munich), Dorothy Dix⁴² and Dr. Alexander Frese, who built an asylum from Illenau ground plans in Kazan.⁴³ Strikingly, Illenau's medical trainees, like the patients

³⁷IW, 1868, Nr. 48, p. 201; Nr. 49, p. 206.

³⁸Maximilian Jacobi, *Ueber die Anlegung und Einrichtung von Irrenheilanstalten mit ausführlicher Darstellung der Irrenheilstätte zu Siegburg*. Berlin, 1834. Willing, *Die Siegburger Irrenheilstätte und ihre Bedeutung für die Rheinprovinz. Ein Wort an Ärzte und Laien (With introduction by Maximilian Jacobi)*, 1854. Dirk Blasius, *Der Verwaltete Wahnsinn. Eine Sozialgeschichte des Irrenhauses*. Frankfurt a. M., 1980. Blasius presents a larger historical argument based largely on the Siegburg case.

³⁹Nostitz and Jänckendorf, *Beschreibung der Heil- und Verpflegungsanstalt Sonnenstein*. Dresden, 1829. Hans Eichhorn, "Die Heil- und Verpflegungsanstalt Sonnenstein bei Pirna und ihre Bedeutung für die Entwicklung der deutschen Psychiatrie." In: *Zur Geschichte der Psychiatrie im 19. Jahrhundert*. Edited by Achim Thom. VEB: Berlin, 1984, pp. 49-75.

⁴⁰Otto-Joachim Grüsser, "Vom Tollhaus in Ludwigsburg zur Königlichen Heilanstalt Winnenthal. Psychiatrie in Württemberg im Spannungsfeld von Aufklärung und Romantik." In: *Baden und Württemberg im Zeitalter Napoleons*. Ausstellungskatalog, 3 vols, Stuttgart 1987, vol. 2, pp. 373-405. Günther Bittel. *Entwicklung und Wirkung der Heilanstalt Winnental – Zur Anwendung der Historischen Methode in der Psychiatrie*. PhD thesis, Albert-Ludwigs-Universität Freiburg i. Br., 1980.

⁴¹The following list of their commonalities, adapted from Doerner, suffices for a crude characterization: 1) isolated location, 2) emphasis on aesthetic features of the establishment, 3) opposition to the use of the asylum as a teaching clinic, 4) use of restraint, 5) Christian commitment to the treatment of mental illness, and 6) the director as absolute authority in both the public and private spheres of asylum life. Doerner, *Madmen*, pp. 265-268.

⁴²Speech for the 90th anniversary of the asylum. In: SA: Freiburg, B821/1, p. 4.

⁴³For a more comprehensive list of psychiatrists who trained at Illenau, see: C. F. W. Roller, *Illenau. Geschichte*,

themselves, were thought to leave the asylum not only with a professional qualification but with “a revitalized *Gemüth*.”⁴⁴

Due to Roller’s influential role in mid-century German psychiatry, Illenau would lend itself to a professions-based examination.⁴⁵ What Nikolas Rose recently claimed for psychiatry in general applies with special force to the Psychiatry of *Gemüth* practiced at Illenau, namely that “it was the asylum that made psychiatry possible and not the other way around.”⁴⁶ On Roller’s conception, the psychiatric profession encompassed many areas of specialist training, including architects, music instructors, gymnastics instructors and attendants (see discussion in ‘Collaboration and Controversy,’ ‘Daily Routines,’ ‘The Asylum Concert,’ and ‘Embodied Music’). Moreover, he believed that chaplains should work on an almost equal footing with doctors in the context of asylum practice (see discussion in ‘Religious Mentoring’).⁴⁷ Due to his penchant for attracting innovative collaborators who honed their areas of expertise to the specific needs of the asylum, Roller was able to realize his expansive vision of the profession.⁴⁸

Bau, inneres Leben, Statut, Hausordnung, Bauaufwand und finanzielle Zustände der Anstalt. Karlsruhe, 1865, p. 65-66.

⁴⁴Christian Friedrich Roller, *Psychiatrische Zeitfragen aus dem Gebiete der Irrenfuersorge in- und ausser den Anstalten und ihre Beziehung zum staatlichen und gesellschaftlichen Leben*. Berlin: G. Reimer, 1874.

⁴⁵For a profession based study of the history of psychiatry, see: Andrew Abbott, *The System of Professions: an essay on the division of expert labor*. Chicago: University of Chicago Press, 1988. Abbott treats professional activity as an “ecological system” and the rise of psychiatry as one instance of a more general phenomenon, namely of the appearance of a new organism in that system. A recent dissertation on the Heidelberg asylum has applied Abbott’s analytic framework to another Baden establishment, the Heidelberg clinic which replaced Illenau in professional stature towards the end of the last century. Eric Engstrom, *The Birth of Clinical Psychiatry: Power, Knowledge and Professionalization in Germany, 1867-1914*. PhD Thesis, University of North Carolina, Chapple Hill, 1997.

⁴⁶Nikolas Rose. “Psychiatry as a political science: advanced liberalism and the administration of risk.” In: *History of the Human Sciences*. vol. 9, 2(1996), pp. 2-23.

⁴⁷Goldstein uses the emergence of psychiatry as an example of the processes which defined the very notion of “profession” in the specific cultural and historical situation of *fin-de-siecle* France and focuses, in particular, on the association of psychiatry with organized religion. Jan Goldstein, *Console and Classify: the French psychiatric profession in the nineteenth century*. Cambridge: Cambridge University Press, 1990.

⁴⁸Publications by Illenau employees will be discussed in later sections; they include works by Ernst Fink, the first preacher, Fidel Ehinger, the first music instructor and Robert Roller, the house statistician. Even Illenau’s first landscape gardener had a substantial list of publications, see: “J. Metzger.” In: *Badische Biographien*. Edited by

One inevitable obstacle to a professions-based analysis of a German asylum is that there is no widely accepted model for charting the spread of psychiatry in the German territories. Klaus Doerner portrays institutions like Illenau as remnants of Absolutism in an age of increasing Liberalism whereby he treats each developmental stage of the psychiatric asylum as a measure of the degree of political emancipation achieved in society.⁴⁹ Doris Kaufmann interprets mid-century German psychiatry as a continuation of the Enlightenment project to contain madness in reason, a project of which she takes a critical view.⁵⁰ Martin Schrenck casts the Illenau-style asylum as the Romantic longing for isolation in nature gone wrong in the formalism of bureaucratic institutions.⁵¹ Dirk Blasius takes perhaps the most pessimistic view of the history of the profession arguing that early German psychiatry created a logic of systematic social exclusion which imposed a normative value on human life and lead, inexorably, to the atrocities of the second world war.⁵² Despite their individual merits, none of these studies

Friedrich von Weech, vol 2, p. 76-77. The most relevant publication for his nomination as Illenau gardener was presumably: J. Metzger, *Gesetze der Pflanzen- und Mineralienbildung angewendet auf altdeutschen Baustyl*. Stuttgart: Schweizerbart's Verlagshandlung, 1835. There Metzger develops a theory about the universal language of forms based on prevalent patterns occurring in the plant kingdom, mathematics and architecture.

⁴⁹Klaus Doerner. *Madmen and the Bourgeoisie. A Social History of Insanity and Psychiatry*. Translated by Joachim Neugroschel and Jean Steinberg. Oxford: Basil Blackwell, 1981.

⁵⁰Doris Kaufmann. *Aufklärung, bürgerliche Selbsterfahrung und die "Erfindung" der Psychiatrie in Deutschland, 1770-1850*. Göttingen: Vandhoeck & Ruprecht, 1995. This theme is also examined in: Georg Reuchlein, *Bürgerliche Gesellschaft, Psychiatrie und Literatur. Zur Entwicklung der Wahnsinnsthematik in der deutschen Literatur des späten 18. und frühen 19. Jahrhunderts*. Munich: Wilhelm Fink Verlag, 1986.

⁵¹Martin Schrenck, "Zur Geschichte der Sozialpsychiatrie. Isolierung und Idylle als 'Therapeutic der Seelenstörungen'." In: *Zur Geschichte der Sozialpsychiatrie*. 38 (1967): 479-487. The influence of Romanticism on German psychiatry has been studied especially with reference to the tradition of dynamic treatments: Henri F. Ellenberger, *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry*. Translated by Gudrun Theusner-Stampa. New York: Basic Books, 1973. Dietrich von Engelhardt. "Romantische Mediziner." In: *Klassiker der Medizin. Von Philippe Pinel bis Viktor von Weizsäcker*. Edited by Dietrich von Engelhardt and Firtz Hermann. München: C. H. Beck, find date. Uwe Henrik Peters, "Studies in German Romantic Psychiatry. Justimus Kerner as a Psychiatric Practitioner E. T. A. Hoffmann as a Psychiatric Theorist." Institute of Germanic Studies: University of Lodnon, 1990 (published as pamphlet). For an extensive bibliographical survey of relevant Romantic literature, see: Ernst Hirschfeld. *Romantische Medizin. Zu einer künftigen Geschichte der naturphilosophischen Ära*. Leipzig: Georg Thieme, 1930.

⁵²Dirk Blasius, *Einfache Seelenstörung Geschichte der deutschen Psychiatrie 1800-1945*. Frankfurt a. M.: Fischer Verlag, 1994.

can provide a comprehensive framework for situating individual German asylums in a larger institutional landscape because they do not address in detail how the political fragmentation of German speaking territories before 1870 effected mental health care provision.

Instead, it is useful to draw on French and English models. Castel and Goldstein demonstrate that the professional situation in France became increasingly centralized after the lunacy act of 1837.⁵³ Porter, by contrast, shows that psychiatric confinement in England during the same period was characterized by “parochialism and diversity, private expedients but state inertia.”⁵⁴ To comprehend the German situation, these two models are best combined since the centralizing tendencies of the French situation applied *within* each state while the parochialism and diversity of the English situation held *between* German states. Although issues of professionalization will be raised in the following pages, they do not form the central subject of investigation. Rather than focus on professional activity *per se*, this study looks at the cultural constraints upon the possible forms of experience, both professional and personal. Within these constraints Roller created what was, in its day, an extraordinarily lavish institution. Indeed, members of the Heidelberg faculty accused him of exaggerating the material requirements of an asylum in order to gain material advantages for himself.⁵⁵ So instead of questioning Roller’s professional motives, this study examines why his envisaged asylum was able to win the financial backing of the government,⁵⁶ the professional support of his colleagues

⁵³Robert Castel, *L'ordre psychiatrique*. Paris: Editions de Minuit, 1976. Goldstein, *Console*, p. 292-307.

⁵⁴Roy Porter, *Mind-Forg'd Manacles, a History of Madness from the Restoration to the Regency*. Boston: Harvard University Press, 1988, p. 111.

⁵⁵Christian Wilhelm Roller, *Beleuchtung der von der medicinischen Facultät zu Heidelberg gegen die Errichtung der neuen badischen Irrenanstalt erhobenen Einwürfe*. Heidelberg, 1837, p. 9.

⁵⁶The duke persuaded his cabinet to approve Roller's asylum even though its projected budget far exceeded the provisions for mentally ill patients in northern German states, especially Prussia. This expenditure is all the more striking given that Baden underwent a serious economic crisis in the 1830s and 40s forcing many families to emigrate,

and the confidence of patients and employees who willingly entrusted their lives to this novel institution.⁵⁷

Interpreting the Illenau School of psychiatry in light of the doctrine of *Gemüth* puts an unusual spin on some of the key debates in the secondary literature, especially the issues of university versus asylum based psychiatry, somaticist versus psychicist approaches and the influence of French ideas.⁵⁸ Dietrich Jetter argues that the construction of Illenau “clearly tipped the scale in favour of asylum-based psychiatry” in the middle decades of the last century⁵⁹ and deems this to have exercised “a questionable retarding influence over” the development of German psychiatry.⁶⁰ He cites as evidence the building of Illenau equidistant between the universities of Heidelberg and Freiburg where neither medical faculty could lay special claim to it as a teaching institution.⁶¹ Doerner’s picture of institutional rivalry does not, however, do justice to the binding cultural ties between asylum practitioners and their university peers. Both groups occupied a mental universe in which the *Gemüth* played a central role. The doctrine of *Gemüth* was being elaborated by speculative psychologists and philosophers in the orbit of the universities as well as by medical practitioners in the asylums. Illenau physicians,

mostly to America. Willi A. Boelcke. *Sozialgeschichte Baden-Württembergs 1800-1989. Politik, Gesellschaft, Wirtschaft*. Schriften zur politischen Landeskunde Baden-Württembergs, Band 16. Stuttgart, Berlin, Köln, 1989.

⁵⁷ Letter Robert Roller to Wilhelm Hoffmann, March 20, 1844. Quoted in: Gerhard Lötsch, unpublished manuscript of transcribed records in his private collection, p. 10.

⁵⁸For a general introduction to this literature, see: Otto M. Marx, “The Beginning of Psychiatric Historiography in Nineteenth-Century Germany.” In: *Discovering the History of Psychiatry*. Edited by Marc S. Micale and Roy Porter. New York, Oxford: Oxford University Press, 1994, pp. 39-53. For a thorough bibliography to publications prior to 1970, see: Hilmar Spiske, *Bibliographie zur Geschichte der Anstaltspsychiatrie*. In series: *Kieler Beiträge zur Geschichte der Medizin und Pharmazie*, vol. 14, Neumünster, 1975.

⁵⁹Jetter, *Grundzüge*, p. 41.

⁶⁰Jetter, *Typologie*, p. 156.

⁶¹Dietrich Jetter, “Wichtige Irrenhäuser in Frankreich, Deutschland und England (1800-1900)”. *Fortschritte der Neurologie - Psychiatrie*. 60 (1992), pp. 317-368, p. 341-342. For a detailed discussion of university-based psychiatry, see: Hans-Heinz Eulner, *Die Entwicklung der medizinischen Spezialfächer an den Universitäten des deutschen Sprachgebietes*. Stuttgart, 1970, pp. 257-282

for example, drew on the body of academic work to enrich their medical understanding.⁶² Evenings were frequently spent in debate over the latest philosophical theories, especially those of Lotze and Fechner (elsewhere Roller also mentions Herbart) and, allegedly, some physicians felt more comfortable in the “icy heights of metaphysics” than in his daily practice.⁶³

Scholars who rely on the somaticist/psychicist dichotomy usually classify Illenau practitioners as belonging to the somaticist camp.⁶⁴ But Roller and his colleagues cannot properly be classified as belonging to either of the ideological camps supposed to have dominated 19th century German psychiatry. Joachim Bodamer calls this dichotomy the “Urproblem” of scientific psychiatry.⁶⁵ They were neither “psychicists”, who believed mental illness to be a spiritual disorder, nor “somaticists”, who believed it to be a

⁶²Thom argues that early and mid-19th century psychiatric thought in Germany was grounded in an anthropological approach based on the writings of Immanuel Kant, Friedrich Schelling, Carl Philipp Moritz, Johann Christoph Hoffbauer and Rudolph Hermann Lotze. See: Thom, “Widersprüche,” p. 24. See also: Kußmaul, *Dozentenzeit*, p. 10.

⁶³*Das Goldene Jubelfest von Herrn Direktor Geheimerat Dr. H. Schüle*, 1913, p. 27. According to an article in the *Illenau Weekly*, key influences on psychiatric thought in the asylum were the writings of Kant, Moritz, Schelling and Goethe which, the author alleged, “are carried in the doctor’s little black bag.” The manner in which a general intellectual culture emerged during the Romantic period whose influence percolated through the life and work of contemporary scientific practitioners has recently been characterized by Richards in an upcoming book: Robert Richards, *Romantic Biology: From Goethe to the Last Romantic*, Ernst Haeckel, forthcoming.

⁶⁴Zilboorg, *Medical Psychology*, p. 434. K.W. Ideler, head of the Charité asylum in Berlin and self-declared “psychicist,” was amongst the first to draw a distinction between so-called “psychicists” and “somaticist”. [J. M. Leupoldt. *Ueber den Entwicklungsgang der Psychiatrie*. Erlangen: Heyder, 1833.] Later historians followed his lead, variously aligning themselves with the one group or the other depending upon their intellectual sympathies. [Erwin H. Ackerknecht. *A Short History of Psychiatry*. Translated by Sulamith Wolff. New York: Hafner Publishing Company, 1959, chapter 8; “The Prevolutionary Period: ‘Somatists’ vs. ‘Psychists’.” In: Doerner, *Madmen*, pp. 245-262; Gregory Zilboorg, *A History of Medical Psychology*. New York: Norton, 1941, pp. 439-446.] This dichotomy has come to be enshrined as a historical fact even though it does little to characterize the various loyalties, sympathies and interests which existed in the German network of psychiatric practitioners. Roller, for example, was closely associated with Schubert, a physician whom the same scholars locate firmly in the somaticist camp. Doerner concedes that the debate is a “simplified polarization” rife with misleading implications but proceeds to use it anyway. [Doerner, *Ibid.*, p. 249.]

⁶⁵Joachim Bodamer. “Zur Phänomenologie des geschichtlichen Geistes in der Psychiatrie.” In: *Der Nervenarzt*. vol. 19, 7 (1948), pp. 299-310, p. 310.

physical disorder. They were adherents of the doctrine of *Gemüth* which collapsed all such dichotomies.

Failure to recognize the prevailing influence of this doctrine leads to distortions of the historical situation. So, for example, Heinz Schott traces the line between somaticists and psychicists into the medical practices employed by each camp, arguing that the psychicists favoured "sympathetic cures," in particular Mesmerism and hypnotism, while the somaticists favoured "restraining devices". Schott finds it sufficiently striking that both of these approaches should have flourished at the same time that he calls this surprising event a "Jungian 'synchronicity'". He concludes that the psychicist/somaticist divide stands for a fundamental duality governing the doctor/patient relationship in general and that this polarity has only been recognized and adequately addressed in modern medical practice.⁶⁶ Schott's synchronicity is, however, hardly striking and not at all polarized if viewed in light of the prevailing influence of *Gemüth* in the period in question. For Roller and his contemporaries both types of medical intervention, i.e. sympathetic cures and restraining devices, could serve equally to regulate, channel and cajole this dialectical soul-organ with both a mental and a physical instantiation. Perhaps a more salient means of distinguishing between different groups of psychiatric practitioners might be to identify those who believed in the operations of *Gemüth* and those who did not.

Illenau's location in Baden, i.e. southern Germany, supports the well-known thesis that the development of German institutional psychiatry followed the pattern of French influence during the Napoleonic invasion.⁶⁷ During the French occupation (1806-1815), the state legislature of Baden adopted the Code Napoleon including its provisions

⁶⁶Heinz Schott. "Das Arzt-Patienten Verhältnis zwischen Aufklärung und Romantic." In: *Medizin, Gesellschaft, und Geschichte*. 12 (1993): 7-20, p. 16.

⁶⁷Bodamer, "Entstehung", p. 306; Doerner, *Madmen*, p. 249.

on insanity.⁶⁸ Baden's psychiatric reforms were associated with the state's relatively liberal political climate. This liberal orientation found its clearest expression during the 1848 revolts when Baden became the only German state to experience a revolutionary coup.⁶⁹ Again, however, the concept of *Gemüth* distorts the lines of this influence. Although geographically German psychiatric reforms followed the course of French occupation, conceptually there was marked and systematic opposition voiced in the German literature to what they perceived to be a French approach (see '*Traitement moral auf Deutsch*' and 'Not a Baden Charenton'). The writings of Illenau officials, for example, celebrate the affective, intuitive and regionally specific registers of experience and thereby manifest a discomfort with the rationalist, universalist and Enlightenment bias that they associated, explicitly and implicitly, with French and English psychiatric thought.

From the establishment of Pforzheim in 1718 to the apprenticeship of Richard von Krafft-Ebing, the infamous sexologist, the history of Illenau maps perfectly onto the Foucauldian framework for the emergence of psychiatry, penology and sexology.⁷⁰ But much of what occurs in the period between these two historical markers, i.e. during the Roller-era, does not conform to Foucault's model of an increasingly centralized social mechanism of capillary power. Instead of isolating the individual subject through methods of social segregation, Illenau promoted a collective subject through routines of social integration. Ironically, the non-conformity of the Illenau School is anticipated in Foucault's *Histoire de la Folie*. In that book, Foucault identifies two founding myths of

⁶⁸Chmielewski, unpublished paper, EAHP Conference, Munich, 1996.

⁶⁹See: James J. Sheehan, *German History 1770-1866*, Oxford: Clarendon Press, 1989, p. 656-661.

⁷⁰For Foucauldian study of the Pforzheim asylum, see: Bernard Stier. *Fürsorge und Disziplinierung im Zeitalter des Absolutismus. Das Pforzheimer Zucht und Waisenhaus und die badische Sozialpolitik im 18. Jahrhundert*. Sigmaringen: Thorbecke Verlag, 1988.

psychiatry - the myth of Pinel freeing the lunatics from their chains and the myth of Tuke forbidding all forms of restraint -⁷¹ and then reveals these myths, allegedly pertaining to the "liberation" of the insane, to actually contain a deeper logic concerning the repression of social deviance. Strikingly the myths exposed by Foucault pertain to the organization of psychiatry in France and in England, not in Germany. This is no accident. Germany has not produced an equivalent myth of the liberation of the insane at that time. In fact, Germany has produced the opposite: a myth of its own barbarity, a myth of historical retardation, a myth of a land without psychiatric ambition until the advent of Griesinger, Kraepelin and Freud.⁷²

The German anti-myth is rooted in the origins of the profession itself. According to Reuchlein, for example, portrayals of madness in German Romantic literature accentuated the perceived distance between normal *bürgerlich* society and the asocial insane by demonizing madness. These literary representations were internalized by the psychiatric establishment and, thus, came to exercise a considerable influence over the self-understanding of asylum physicians as professionals until the 1840s.⁷³ Reichlein's general argument is captured visually in Wilhelm von Kaulbach's etching "The Insane Asylum" (*Das Narrenhaus*) depicting a group of patients huddled closely together in the stark outer courtyard of a penitentiary style asylum.

In this picture, attributes of mad experience as understood by contemporaries have been projected onto the depicted scene: the aesthetically impoverished environment reflects how a mad person perceives the world, the manifest absence of communal

⁷¹Michel Foucault, *Histoire de la Folie*. Editions Gallimard, 1972, p. 483-484.

⁷²Ackerknecht, *History of Psychiatry*, p. 52, 64. Most recently, Shorter has perpetuated this myth by attributing the turning point in German psychiatry to Wilhelm Griesinger, see chapter: "A German Century." In: Ed Shorter, *History of Psychiatry. From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, 1997, p. 71-86.

⁷³Reuchlein, *Bürgerliche Gesellschaft*, p. 404-405.

feeling between patients despite their physical proximity expresses the isolation of madness and the dull weather connotes a coldness of spirit associated with madness. To a contemporary spectator this picture would have been as much a commentary on the spiritual effects of madness as a reflection on the neglect suffered by patients. One physician even attempted a taxonomy of psychiatric disease types on the basis of the

Figure 7: Das Narrenhaus



Kaulbach figures.⁷⁴

This picture had enormous resonance with early German psychiatrist and psychologists. The Kaulbach figures were invoked in virtually every major psychiatric

⁷⁴*Erinnerungen an Wilhelm von Kaulbach*. Editor Joseph Dürck-Kaulbach. München: Delphin Verlag, p. 105.

publication by Roller and his colleagues because they invited the reader to empathize with the plight of the mad at an emotional level.⁷⁵ But this repeated invocation of the Kaulbach figures also had a secondary effect insofar as it associated the treatment of madness with the punitive, negligent and cruel posture of the guard in the back of the picture. This visual connotation should not, however, be conflated with the actual state of psychiatric medicine in 19th century Germany. Directors of progressive and humane institutions would make rhetorical allusions to this picture. It appears that their reasons for doing so are still influencing our historical memory today. Although some scholars, like Achim Thom, have questioned the veracity of the myth of German retardation in psychiatric practice, the appeal and tenacity of this myth have yet to be critically examined.

A growing body of literature on individual asylums in different national contexts reveals that psychiatric care in the last century took regionally specific forms.⁷⁶ These studies can be divided methodologically over the qualitative and quantitative reading of sources, examples of the former being *The Art of Asylum-Keeping* and *The Psychiatric Persuasion*,⁷⁷ examples of the latter *The York Retreat* and *A Family Asylum*.⁷⁸ Each

⁷⁵Bird identified this picture with everything he disliked about the psychiatric inclinations of his day and used "a la Kaulbach" as a general phrase of abuse in his published critiques of contemporary psychiatry. Friedrich Bird, *Mesmerismus und Belletristik in ihren schädlichen Einflüssen auf die Psychiatrie*. Stuttgart: Gallberger, 1839, p. 82-91.

⁷⁶British asylums: Richard Hunter, *Psychiatry for the Poor. 1851 Colney Hatch Asylum. Friern Hospital. 1973: A Medical and Social History*. London, 1974. Elizabeth Malcolm. *Swift's Hospital: A Story of St. Patrick's Hospital Dublin, 1746-1914*. Cambridge, 1985. F. Bynum, Roy Porter and Michael Shepherd (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry* (3 vols.). London, 1985. For a comprehensive survey of English asylum literature, see: Wright, "Getting out of the Asylum". Bernard Richarz, *Heilen, Pflegen, Töten. Zur Alltagsgeschichte einer Heil- und Pflegeanstalt bis zum Ende Nationalsozialismus*. Freiburg im Breisgau: Verlag für Medizinische Psychologie im Verlag Vandenhoeck Ruprecht, 1987. The asylum Richarz studies was allegedly modeled on Illenau (p. 15). A book on current approaches to asylum studies in Europe and America is forthcoming: Jacques Gasser and Vincent Barras, *Histoire de la Psychiatrie: nouvelles approches, nouvelles perspectives*. Geneva: Payot.

⁷⁷Nancy Tomes, *The Art of Asylum-Keeping*, 1994 (originally *A Generous Confidence*, 1984). Philadelphia: University of Pennsylvania Press, 1994. Elizabeth Lunbeck, *The Psychiatric Persuasion. Knowledge, Gender, and Power in Modern America*. Princeton, New Jersey: Princeton University Press, 1994.

⁷⁸Ann Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, 1985. Charlotte MacKenzie, *A family asylum: a history of the private madhouse at Ticehurst in Sussex, 1792-1917*, 1986. Several

reading can be justified with reference to the archival sources. So, for example, patient records comprise questionnaires and transferral forms suited to statistical representation⁷⁹ as well as miscellaneous letters, writing samples, pictures and photos suited to historical exegesis.⁸⁰ Needless to say, most scholars employ both methods of research but they will tend to emphasize one over the other.⁸¹

The different results produced by these two approaches to asylum history can be characterized with reference to the Illenau case. In 1995 Wolfgang Gerke completed a study of Illenau during the Roller-era which is, in formal respects, similar to mine.⁸² We

research projects are currently compiling statistical analyses of 19th century psychiatric patient records around Europe. The Wellcome foundation alone is funding four such ventures in Britain, Wales and Ireland. There is a group working on the Charité records supported by the Medizin-historisches Institut in Berlin and a comparative study of the psychiatric records from the asylums in Lausanne and Geneva is being supported by the Medical Institute in Lausanne.

⁷⁹Although the use of contemporary software for the perusal of 19th century patient files may seem anachronistic, this technological dissonance masks a deeper continuity. The asylum was born in an age of statistical reasoning; Illenau, for example, fashioned its public image through the publication of statistical tables describing the fluctuating composition of its patient population. A cursory examination of the annual reports of individual asylums published in the *Allgemeine Zeitschrift der Psychiatrie* will confirm that these statistical charts played an important part in the self understanding of mid-century psychiatrists. The portrayal of an asylum in terms of statistical measures is, in this sense, an extension of the actor's categories because statistical measures. For a discussion of statistical reasoning in 19th century social science, see: *The Probabilistic Revolution*, Edited by Lorenz Krüger, Lorraine J. Daston, Michael Heidelberger, vol. 1, *Ideas in History*. Cambridge, Mass: MIT Press, 1987.

⁸⁰Some of the writings by Illenau patients that I have not been able to use in this dissertation include: a five-act play entitled "The Dying Ismael" in which a patient, doctor and American woman play lead parts (Bundschuh, Josef Valentin. 1843-1844, 1844-1844); a long essay on the science of agriculture (Desaga, Anton. 1872-1902); a handwritten book of statutes on German unification (Dobel, Franz Josef. 1852-1880); an autobiographical account of a patient's illness spanning many decades (Gulde, Josepha. 1855-1887); an essay on history and culture (Kratt, Christian. 1871-1872, 1876-1883, 1916-1916); and, a handwritten medical textbook (Zahn, Gustav Adolf. 1878-1883). A predictable feature of the records from the Roller-era is that female patients wrote more letters to their doctors while male patients wrote more texts of a professional variety.

⁸¹For a discussion of these approaches, see: Ann Digby, "Quantitative and Qualitative: Perspectives on the Asylum." In: Roy Porter and Andrew Wear, *Problems and Methods in the History of Medicine*. (London, 1987), pp. 153-74; and, Gerhard Fichtner, "Krankenunterlagen als Quellen. Auswahl und Erschließung aus der Sicht der Forschung." In: *Der Archivar. Mitteilungsblatt für deutsches Archivwesen*. vol. 44, 4 (1991), p.550-558. Temkin has furnished an in-depth philosophical analysis of the possibilities and limitations of reading patient records. In particular, he argues that medical thought is shaped by the contents of the medical records produced in each historical period. Owsei Temkin, "Studien zum 'Sinn'-Begriff in der Medizin." *Kyklos*. 2 (1929), especially p. 43-85.

⁸²Wolfgang Gerke, *Die Irrenheil- und Pflegeanstalt Illenau in der Roller-era*, PhD, Medical School, University of Freiburg, 1995. For recent work on the history of Illenau, see: Heinz Faulstich, *Von der Irrenfürsorge zur "Euthanasie". Geschichte der badischen Psychiatrie bis 1945*. Freiburg im Breisgau: Lambertus, 1993, (especially chapter *Exkurs: Die Entwicklung der badischen Irrenfürsorge im 18. und 19. Jahrhundert*). Faulstich, a retired psychiatrist, concentrates mainly on the later history of Illenau and the fate of psychiatric patients in Baden during the Nazi period. / Gerhard Lötsch, Christian Roller & Ernst Fink. *Die Anfänge von Illenau*. Achem: Acheron Verlag,

both relied on the same base of archival records stored at the State Psychiatric Hospital Emmendingen⁸³ and both immersed ourselves in the institutional life of the Emmendingen hospital for a period of several months in order to gain access to these records. Yet our methods of research were orthogonal. His involved the selection of patient files by a random process and entering specific details from each file into a data base arranged by pre-set categories.⁸⁴ Mine involved the premeditated targeting of specific patient files and scrutinizing each file for clues to the next file until a cohesive historical picture emerged. The conclusions drawn by these two methods are not incompatible but different in kind and will be outlined with respect to the four organizing categories used previously to characterize the pinwheel.

With respect to *illness*, Gerke found that in periods of over-crowding patients were less likely to be diagnosed as 'curable'. By contrast, I found that Illenau physicians paid little attention to such labels since, given the variable nature of *Gemüth*, the illness changed as the patient's location changed.⁸⁵ With respect to *treatment*, he identified

1996. Löttsch, a recently retired chaplain, studies the Christian component of Illenau's psychic cure regimen and traces the origins of the Protestant community in the region around Achern to the founding of Illenau. / Three books on the history of Illenau have been published by the *Bürgerinitiative Illenau*, a group of volunteers working to preserve the memory of the asylum. Sabine Stinus, Dagmar Köppel, *Die Illenau, Analyse eines historischen Gebäudekomplexes unter geschichtlichen, funktionalen und architektonischen Aspekten*. Achern: Acheron, 1992. Hugo Schneider, *Die Ehemalige Heil- und Pflegeanstalt Illenau. Ihre Geschichte und ihre Bedeutung*. Achern: Acheron, 1992; Paul Droll, *150 Jahre Illenau*. Achern: Acheron, 1994. / Marga Burkhardt, *Die Heil- und Pflegeanstalt Illenau – badische Psychiatriegeschichte anhand von Krankenakten 1842 – 1877*, Masters Thesis, Albert-Ludwig-Universität Freiburg i. Br. 1995. Burkhardt, "Badische Psychiatriegeschichte von 1842-1877 anhand der Krankenakten der Heil- und Pflegeanstalt Illenau." In: *Beiträge zur Psychiatriegeschichte Baden-Württembergs*. Edited by Gabriel Richter. Emmendingen: Psychiatrisches Landeskrankenhaus, (no date), pp. 14-20. Burkhardt studies the history of the asylum during the Roller-era and focuses, in particular, on the gender politics of mental illness and its treatment. / Clemens Beck, *Die Geschichte der Heil- und Pflegeanstalt Illenau unter Chr. Fr. W. Roller (1802-1878)*. PhD thesis, Albert-Ludwig-Universität Freiburg i. Br., 1983. Beck concentrates on the administrative negotiations which accompanied the construction of the Illenau asylum. / Rolf Harlemeyer, *Die Pflege und Behandlung Geisteskranker im "Waisenhaus" zu Pforzheim um die Mitte des 18. Jahrhunderts bis zur Gründung der Anstalt Illenau*. PhD Thesis, Albert-Ludwigs-Universität zu Freiburg i. Br., 1966. Harlemeyer examines the bureaucratic negotiations preceding the opening of the asylum.

⁸³Emmendingen is one of the last 19th century German asylums still in operation today.

⁸⁴Gerke, *Illenau*, p. 21-25.

⁸⁵The physicians frequently even failed to specify a disease category in the medical records. Gerke, *Illenau*, p. 106.

psychiatric practice at Illenau as a straight-forward extension of the '*traitement moral*,' whereas I found the Illenau School to represent a distinctly *Biedermeier* variation on the '*traitement*.'⁸⁶ With respect to *cure*, Gerke discovered that official recovery rates for Illenau patients are not vindicated by the number of patients at the asylum, whereas I found that the very notion of recovery was perfectly compatible with continuing to live on the asylum grounds.⁸⁷ With respect to the *institution*, he determined that the medical treatment patients received depended upon considerations of social class rather than illness, whereas I discovered that treatments were staggered by wards to which patients were allocated according to the sensitivity of their *Gemüth*.⁸⁸

The contents of the Illenau patients records vary dramatically despite Roller's persistent efforts towards the contrary. Transferral practices were not sufficiently standardized to regulate the information assembled for every patient. Moreover, the records have themselves been subject to the influence of history. During the second world war, for example, all of the administrative files regarding the social and financial backgrounds of patients went missing. The medical records for high-profile patients, such as the countess Bariatinsky who was the aunt of Tsar of Russia, are largely lost due most likely to practices for the protection of privacy. Moreover, some missing records were presumably removed at the instigation of families seeking to avoid the taint of hereditary

⁸⁶Gerke, *Illenau*, p. 75-77.

⁸⁷The patient records of Katherin Pillera, for example, reveal that the patient oscillated between the status of a patient and an employee throughout her long career at Illenau. In periods when the illness went into remission, she would serve as teacher to the children of asylum attendants. In another case, a patient who was released from the asylum allegedly relapsed at home "due to her husband's rough treatment of her." Hergt sent messengers to the household to "give the husband some instruction on being gentle." When this proved unsuccessful, he petitioned for the woman to be returned to the asylum for good so that "peace and happiness can return to her sombre *Gemüth*." It was agreed with the husband that she would be allowed to transfer her dowry from the marriage to the asylum in order to cover the cost of treatment. The correspondence documenting these negotiations was unearthed by Gerke who reads the episode as evidence of the presumptuousness with which asylum officials arbitrated over the lives of patients. See: Gerke, *Illenau*, p. 131-136.

⁸⁸Gerke, *Illenau*, p. 115-131.

madness; a blue stamp reading '*Erbforschung*' on almost every patient record stands as a grim reminder of the urgency this information acquired for the families and descendants of Illenau patients earlier this century. Yet completeness is not a pre-requisite for reconstructing the Illenau experience because a sufficiency of traces preserving the structure of that experience are spread throughout the remains of that experience in written records,⁸⁹ cultural artefacts⁹⁰ and oral testimony.⁹¹

1.3 In Brief

The following five chapters trace the emblematic meaning of the pinwheel formation into the details of daily lived experience at Illenau. The first chapter defines the concept of *Gemüth* as it was understood by Illenau physicians. The next chapter characterizes the Illenau School of psychiatry in terms of practices which can be summarized under the general heading of "aesthetic re-education," these practices are distinguished from those

⁸⁹A collection of obscure Illenau publications and books from the original asylum library, with the remaining copies of the *Illenau Weekly*, is preserved at the Reichenau mental hospital in Constance where Heinz Faulstich, formerly a psychiatrist there, turned an attic full of books into a small library. Gerhard Lötsch who has assembled a large private archive on the history of the asylum, possesses a second near complete run of the *Weekly*. These are the only two remaining collections of the journal. The Emmendingen hospital has a small research library with more books from the original Illenau library collection as well as its own fairly considerable collection of 19th century psychiatric publications. Two issues of the *Weekly* not contained in either of the above collections are stored at the Badische Landesbibliothek, Karlsruhe.

⁹⁰The Achern *Heimat- und Sensemuseum* preserves some of the material culture of the asylum in its permanent display. Moreover, the Illenau cemetery, lovingly restored by Hugo Huber, himself the child of an Illenau attendant; is today a protected cultural monument. The social information coded in these tomb stones complements the information contained in the medical records of patients.

⁹¹In Achern, the town near Illenau, there are still many people who were involved with the Illenau asylum and remember its last years. Since employment at the asylum often carried down family lines, i.e. the children of attendants became attendants themselves, there are also a large number of privately held collections containing letters and diaries of Illenau employees. Some of those have been used in this thesis: Gerhard Lötsch in Achern, Marie-Louise Metzger in Schwanau, Eva Schwab in Lahr, Klaus Huber in Achern, Hugo Huber in Achern (the Huber's are not related). Hugo Huber is himself a store-house of oral history because, ever since his retirement in 1980, he has served as full-time guard at the Illenau cemetery where he has made it a policy to approach anyone visiting a grave and to inquire into the visitor's relationship to the deceased. By this method, he has collected a wealth of stories about members of the Illenau population as well as a large photo collection.

associated with the *traitement moral*. The subsequent two chapters examine how space and time were organized to further the restoration of *Gemüth*. The spatial ordering of the asylum necessitated certain patterns of movement and sensory perception that were believed to equilibrate the soul. The temporal ordering of asylum life relied upon ritualized patterns of behaviour, often of a rhythmic character as evidenced by the prominence of music and gymnastics, that integrated the *Gemüth* of individual patients with the *Gemüth* of the Illenau community. The final chapter traces elements of the Illenau experience into the ambient cultural situation by focusing on Baden's *Innere Mission*, a religious organization that grew out of the work of asylum officials, and Krafft-Ebing's *Psychopathia Sexualis*.

Was ist Gemüth?

The Germans should not utter the word Gemüth for a period of thirty years, then perhaps bit by bit Gemüth would be regenerated. For now, let us show forbearance towards weaknesses our own and others.¹
(Goethe 1820)

Today the word 'Gemüth' is almost entirely out of circulation. Every German understands roughly what it means but few would be able to define it in precise terms and fewer let it pass their lips without cracking a smile. The experience invoked by the concept of *Gemüth* is distinctly passé. Like the scenes depicted on American postcards from the fifties – of, say, a family outing in a Chrysler – the experience is simply in bad taste by contemporary standards of the inner life. Although there are still odd vestiges of *Gemütlichkeit* floating around in those territories in which the *Gemüth* was historically valued, for example a Bavarian pub for Sunday brunch (*Frühschoppen*), the word has survived mainly in adjectival form as 'gemütlich.' Any circumstance giving rise to a feeling of domestic comfort, anything from warm slippers to Christmas, can be said to be *gemütlich*. This narrowly confined usage is restricted to the language of everyday life. The word certainly has no independent profile in the technical vocabulary of modern scientific psychiatry.

The linguistic situation was, however, very different in the 19th century when *Gemüth* was widely understood, valued and cultivated. As Nikolaus Radkau has recently argued:

There can be no doubt that there used to be a German identity built upon 'Gemütlichkeit.' It reached its height during the *Biedermeier* period, but did not completely disappear during the

¹'Gemüt.' In: *Deutsches Wörterbuch*, vol. 4. Edited by Jacob Grimm and Wilhelm Grimm. Leipzig: Hirzel, 1897, p. 3294-3327.

industrialization...The cult of *Gemütlichkeit* did not only consist of empty phrases, it also contained a real experience of well-being.²

Here Radkau makes the important observation that “*Gemütlichkeit*” was not merely a conceptual epiphenomenon of the historical situation, but a component part of a cultural situation which gave rise to a particular form of experience. Yet Radkau analyzes the concept of *Gemütlichkeit* without attending to that faculty of soul taken by the historical actors to have produced that state, namely the *Gemüth* itself. To understand the nature of *Gemüth* and its purported role in the production of *Gemütlichkeit*, it is necessary to turn to the writings of those who were intimately familiar with its influence.

In *Letters on the Aesthetic Education of Man*, Friedrich Schiller equated the *Gemüth* with the aesthetic state of being in which ‘sensuality’ (*Sinnlichkeit*) and ‘reason’ (*Vernunft*) are unified. Friedrich Schelling declared it to be the source of all artistic creation and aesthetic judgement. Hegel defined it as the “shrouded, indefinite totality of spirit (*Geist*)” and Novalis concluded that “*Gemüth* and destiny were two words for a single concept.”³ As illustrated by these few examples, ‘*Gemüth*’ was a word which could designate a variety of mental states, part of the reason why its entry spans 32-pages in Grimm’s etymological dictionary.⁴ Besides documenting the variety of meanings attached to the concept, this entry also attempts to define *Gemüth* vis-à-vis other terms designating the inner life, for example soul (*Seele*) and spirit (*Geist*), an attempt that fails because the parameters of meaning for all three of these terms have shifted not only together but also with respect to each other.⁵

²Joachim Radkau, “Nationalismus und Nervosität.” In: *Kulturgeschichte Heute*. Edited by Wolfgang Hardtwig, Hans-Ulrich Wehler. Vandenhoeck & Ruprecht, 1996, p. 284-316, quote p. 290-291.

³‘Gemüt.’ In: *Historisches Wörterbuch der Philosophie*, vol. 3. Edited by Joachim Ritter. Darmstadt: Wissenschaftliche Buchgesellschaft, 1974, p. 258-264.

⁴I will use the spelling common in Illenau literature even though in contemporary German usage the word would end on ‘t’.

⁵‘Gemüt.’ In: *Deutsches Wörterbuch*, p. 3294-3327.

To understand the notion of *Gemüth* it is more helpful to examine its definition in the context of the Illenau School where it had an applied technical meaning. This definition can serve as a yardstick for its general meanings in the culture at large. On a simple definition, Illenau practitioners construed the *Gemüth* as an entity that was both mental and physical as well as individual and collective. An entity thus configured is difficult for a modern reader to comprehend. So before proceeding with an elaboration of this definition on the basis of asylum literature, a literature generated by authors who were so familiar with the ontological structure of this concept that they rarely make their assumptions explicit, it will be useful to introduce each of the above attributes by drawing on texts from outside the asylum literature. These texts have been selected because they express in quintessential form the notion of *Gemüth* as an entity that was mental/physical (Kant) and individual/collective (Kleist).

Immanuel Kant's essay "On the Power of *Gemüth* to Master its Morbid Feelings" is a lengthy examination of *Gemüth* as the point of unity between mind and body.⁶ Kant argued that people could learn to control their state of being by gaining mastery of this soul faculty. He recommended a variety of mental exercises for altering physical states, especially pathological ones, and drew on examples from his own biography; he purportedly cured himself of an eye illness, insomnia, indigestion and hypochondria by this method. At the time of writing his essay, Kant had arrived at the patriarchal age of eighty which he cited as evidence of the power of *Gemüth* and the truth of his claims. The relevance of his argument for psychiatry are immediately evident and, not surprisingly, Illenau doctors frequently quoted Kant's essay in their medical writings.⁷

⁶Kant, Immanuel. "Ueber die Macht des Gemüths durch den blossen Vorsatz seiner krankhaften Gefühle Meister zu seyn" (On the Power of the Mind to Master Its Morbid Feelings by Sheer Resolution). In *Der Streit der Facultäten* (*The Conflict of the Faculties*), New York: Abaris Books, 1979. Translating "*Gemüth*" as "*mind*" distorts the meaning of the original beyond recognition since the two concepts are not only not equivalent but positively at odds.

⁷The *Gemüth* concept also plays a prominent role in Kant's *Anthropology* and figures throughout his critical philosophy.

Kleist's meditation "On the Gradual Completion of Speech While Talking"⁸ presents a vivid demonstration of how psychological phenomena are simultaneously constituted in an individual and collective form. The piece begins with the following paradoxical recommendation:

If you want to know something which you cannot discover through meditation, I recommend, my dear, meaning-laden friend, that you speak upon it to the next best person you encounter. It does not have to be a sharp-thinking individual, nor do I mean to suggest that you put it to him as a question: no! Rather, you should be the one yourself to recount it to him first.⁹

Kleist then proceeded to explain why this recommendation makes sense. His argument can be boiled down to the following formula: the *Gemüth* has no independent state, any given state is constituted through interaction with the circumstances in which it finds itself; should the *Gemüth* desire a new state it must seek out new circumstances. Needless to say, Kleist's explanation is far more subtle; it rides on the anatomy of a conversation between himself and his sister in which he is shown to speak before he knows what he wants to say and she is shown to react before he has finished speaking. Her tiniest gestures merge with his unfinished thoughts and determine the course of his utterance. This is not a story about the profundity of sibling understanding – the sister's unconscious actions positively complete her brother's unintentional thoughts. Kleist suggests that experience, like this conversation, grows out of unintentional, mutual mediation and that this dynamic holds for all groups of all sizes. Individual experience both constitutes, and is itself constituted by, the collective experience of which it is a part. In the world of *Gemüth*, there are no psychological essences, psychological phenomena are entirely contingent upon each other.¹⁰

⁸Heinrich von Kleist, "Über die Allmähliche Verfertigung der Gedanken beim Reden." In: *Werke und Briefe*. Aufbau-Verlag, 1974, p. 453-459.

⁹Ibid., p. 453.

¹⁰This same story is used by Deleuze and Guattari who argue that *Gemüt* "refuses to be controlled and becomes a war machine" (p. 47). Although the concept of the war machine is far removed from *Gemüt* in its 19th century meaning, several key characteristics of the original concept are preserved in the war machine translation: the *Gemüt*

The texts by Kant and Kleist represent two key attributes of *Gemüth*. They do not, however, illustrate how these two attributes could fuse in a single concept, nor do they capture the internal logic of experiences governed by the operations of *Gemüth*. The following three sections introduce the concept of *Gemüth* as reflected in the Illenau literature. The first looks at the manner in which the *Gemüth* navigates its way through the external environment. The second focuses on the psychological relations among people and the affinities of *Gemüth* that arise between them. In the former *Gemüth* is cast as an entity, a soul-organ, in the latter as a process. The final section describes mental illness conceived as a disturbance of *Gemüth*.

2.1 The Architecture of the *Biedermeier* Soul

Illenau physicians frequently referred to mental illnesses as “illnesses of the *Gemüth*” and the asylum literature, both medical and popular, is swamped with references to *Gemüth*. Although they did not believe that all forms of mental illness were exclusively illnesses of *Gemüths*, they did believe all forms of mental illness to entail illnesses of *Gemüth*. Indeed, in their view, all forms of illness impaired the functioning of *Gemüth* to some degree, so that psychiatric expertise could be applied to general medicine. For this reason, Roller arranged for an internship program for medical graduates which enabled doctors training to become general practitioners in Baden to study the operations of *Gemüth* at Illenau.¹¹

defines itself by “grappling with exterior forces instead of being gathered up in an interior form, operating by relays instead of forming an image”; it is comparable to “an event-thought...instead of a subject-thought, a problem-thought instead of an essence-thought” (p. 47). Gilles Deleuze and Félix Guattari, *Nomadology: The War Machine*. Translated by Brian Massumi. NY: Semiotext, 1986, p. 46-47.

¹¹According to the American psychiatrist Pliny Earle, who visited the asylum in the 1840s, most medical graduates of Baden underwent this training. Roller had a special legislation passed in Baden to “take six physicians, immediately after they have completed their other medical studies, into the Illenau asylum as internes, and, after they

In 1874, Christian Friedrich Wilhelm Roller, Roller's oldest son, wrote an entire book entitled *On Gemüth* based on his training and experience as a junior psychiatrist at Illenau where he worked until becoming director of the Kaiserswerth asylum. (In order to distinguish father from son, I will refer to Roller's son as Christian Roller throughout this study.) Even though Christian Roller's book was intended for a specialist audience, it was written in the form of a long letter to his father and began as only a scientific book itself composed under the influence of *Gemüth* could begin:

Dear Father! I herewith hand you pages which issue from the *Gemüth* and deal with *Gemüth*....Above all else I want what I say in the following pages about *Gemüth* to meet with your approval. After all, your *Gemüth* has recently had to demonstrate its extraordinary strength and loyalty as your grey head was, once again, stooped down by great difficulties.¹²

From these opening lines, and from the fact that Roller dedicated his next book *Zeitfragen* to his son, we can safely conclude that Christian Roller's discussion of *Gemüth* mirrored Roller's own views on the subject.

Christian Roller defined *Gemüth* as "the deep, dark, not always intelligible core of human nature." He then proceeded to call it the "organ of receptivity" (*Receptions-organ*) which has no specific location¹³ and perceives things in their "totality:"

The *Gemüth* is the yes-saying, the affirmative principle of the soul. It does not question, divide, isolate, separate, deny; rather, it simply absorbs what it is given. It receives things in their totality. Division, exclusion is not its thing.¹⁴

On Christian Roller's construal it was, as Kant and Kleist argued, an organ receptive to mental and physical as well as individual and collective stimulation. In addition, however, Christian Roller identified a third type of influence on the *Gemüth*, one which

have remained a certain time, exchange them for six more, until all the medical graduates in Baden shall have had this opportunity." *Memoires of Pliny Earle*, 1898, p. 184.

¹²Christian Roller, *Vom Gemüth. Psychologische Skizzen*. Karlsruhe: Müller'sche Hofbuchhandlung, 1874, p. v-vi.

¹³Ibid., p. 7.

¹⁴Ibid., p. 3.

transcended the earthly order of experience, namely God. All three areas of influence are densely packed into the following passage where the mental/physical duality is alluded to by means of “art and nature...the senses and nerves,” the individual/collective duality by “other *Gemüths*” and the religious element by “divine rays of light”:

It is so tolerant towards impressions that it can even bring together heterogeneous elements. They enter from the most diverse directions, from nature and art, from other *Gemüths*, from above in the form of divine rays of light, and from below through the senses and nerves; all of these impressions demand to be accommodated. Yes, even impressions which cause it anguish cannot be refused by the *Gemüth*.¹⁵

Christian Roller did not draw a qualitative distinction between the three types of impressions absorbed by *Gemüth*. From the perspective of *Gemüth*, aesthetic, social, and religious impressions are all of a kind; they are “heterogeneous elements” which the *Gemüth* forms into a single totality of experience.

To conjure an image of the healthy *Gemüth* and describe the configuration of the soul in its entirety, Christian Roller employed an elaborate, and by his own admission not entirely apt, visual metaphor of a building on a sea shore:

Below the dark ocean of *Gemüth* surges and swells, rarely placid, often agitated, even stormy, wild, throwing waves that reach far beyond the shore, often surging up from the deepest depths, from an unknown dark bottom. On the coast stands a light, strong, formidable building which has been erected by intellectual activity, it is mirrored in the sea which reaches all the way to its foundations and which could easily gush forth and even destroy the building. Above clouds are moving through the sky, grey and heavy or light and pink. These have been collected by the imagination which sometimes draws them in clear beautiful forms but at other times wild and jagged. These too shine forth from the depths of the sea. It is best when one thing above all else shines forth from the dark bottom: the eye of God.¹⁶

This image captures the state of *Gemüth* deemed by Illenau physicians to be the healthy state: placid, calm and balanced. The ocean can serve as a surface for reflecting its immanent and transcendent environment only when it is still. Any agitation of the *Gemüth* will immediately distort the quality of the reflection and, in extreme cases, can

¹⁵Ibid., p. 3.

¹⁶Roller, *Gemüth*, p. 4-5.

undermine the foundations of the building, i.e. personality. The task of an Illenau psychiatrist was to still the ocean of *Gemüth* so that it could offer a clear surface for reflecting the immediate environment in its aesthetic, spiritual and religious nuances.¹⁷ And, of course, that environment must be structured in such a way as to produce a reflection conducive to sanity.

The problem with this metaphor is that it portrayed the *Gemüth* as an entity that was separate from personality when, in fact, Christian Roller believed the *Gemüth* to permeate every dimension of personality. The picture of the building on a shore ultimately fails because the *Gemüth* was not merely a passive recipient of impressions; it was also an active creator of those impressions. In order to capture this creative dimension of *Gemüth*, Christian Roller employed a different image, namely that of the “workshop” of experience (*Werkstätte der Gefühle*) which, he says, functions as follows:

Although the *Gemüth* is the most passive of all soul-faculties, although it is that which receives...it is also a factor which presses its stamp upon the whole temperament of a person and whose composition determines action in the most fundamental sense.¹⁸

The “workshop” image suggested that even at the deepest levels of perception, at the point of pure receptivity to external and internal impressions, the soul still had agency, because the very absorption of experience was, in some sense, an active process.

Christian Roller said, “*Gemüth* is like light” it illuminates the objects in the world while imparting to their appearances a particular perspective.¹⁹ This observation was not peculiar to the sense of sight, it applied to all senses, individually and in their entirety.

¹⁷The imagery of the ocean was carried forth in the conception of illness. The *Weekly* reported that mental illnesses have a wave-like progression, their ebb and flow only gradually being contained within the parameters of asylum life. Sometimes storms erupt and it seems as if the apparent progress were all undone but when the clear weather returns it is apparent that the *Gemüth* has found a state of greater equilibrium. In: “Ein Wort über Genesung unserer Kranken.” IW, Nr. 37, 1872.

¹⁸*Ibid.*, p. 8. A possible translation of *Gemüth* might be ‘phenomenon,’ with the proviso that a phenomenon, in this sense, is not an event which occurs in the world but an event which occurs in the “workshop” of the soul.

¹⁹Roller, *Gemüth*, p. 20.

The light metaphor was commonly used in contemporary literature on *Gemüth* to capture the active dimension of perception. Novalis, for example, developed it at length in his unfinished novel *Heinrich von Ofterdingen*, where he elaborated the metaphor into a larger claim about the operation of sense perception in general, saying that our senses both “proliferate new worlds” and “absorb the existing world.”²⁰

The ocean and the workshop image are metaphors for portraying different aspects of *Gemüth*. Both of these aspects together distinguished the operations of *Gemüth* from reason (*Vernunft*); reason “analyzes and divides,” the *Gemüth* “absorbs and unifies.” Moreover, the *Gemüth* “passes judgement on all things that affect the inner life” but “it maintains the right to judge every specific situation on its own merits.” According to Christian Roller, it was in the nature of *Gemüth* to respond subjectively to new impressions, not “objectively.” Nevertheless, he believed the *Gemüth* could be a positive aid to reason. When it is calm and placid, it enables the intellect to apprehend things in their totality which the intellect can never do on its own. But when the *Gemüth* is agitated, it obstructs thought and reflection and, indeed, “it is probably best not to try thinking in such circumstances.”²¹

Unlike the relationship between *Gemüth* and reason, which was one of polite distance with intermittent collisions and co-operation, the relationship between the *Gemüth* and the “I” (*Ich*) was intimate and fraught. Christian Roller described the *Gemüth* as the mother of the I and the I itself as “an extremely spoilt son.”²² After giving birth to the I, the *Gemüth* finds that the I wants to dominate. All that is directed towards

²⁰Novalis, *Ofterdingen*, p. 205. Another compelling elaboration this idea can be found in *Middlemarch* where Eliott compares subjectivity to the circular pattern of reflection cast by a candle on a polished metal surface. George Eliott, *Middlemarch*. Penguin Books, p. 264.

²¹*Ibid.*, p. 49.

²²*Ibid.*, p. 10.

the outside and others is associated with the movements of the *Gemüth*, whereas all that is directed towards the inside and towards the self is associated with the I.

We feel, that there is an original contradiction between the direction of our *Gemüth* and our I...the operations of the I are centripetal while those of the *Gemüth* are centrifugal.²³

Although the mother feels responsible for her son and tries to supervise his actions, she tends to be too trusting of the I who is terribly cunning and capable of disguising self-interest as altruism:

It is completely normal for the I to dominate. More often than one would like to admit, the I is given complete control. And how the I has learned to establish itself in that position! It claims to have no interest in ruling, no, no, it merely wants to serve a higher purpose, it only wants to fulfil its job, it only wants to further the well-being of others in the family, community, state, it defends the interests of science – and the despondent *Gemüth* believes all of that and fails to notice that it has merely come to serve as a mirror for the I and that it lies prostrate in worship before the same...the I has become a great Dalai Lama to whom all is sacrificed.²⁴

This passage places the contrast between *Gemüth* and I in a religious context by pitching the heathen God of the “great Dalai Lama” against the Christian God to whose influence the *Gemüth* was susceptible. Allowing oneself to be dominated by the I was a secularized form of idolatry.

2.2 Individual Being As Collective Being

Of the three kinds of receptivity which characterized *Gemüth*, i.e. aesthetic, social and religious, the social had the peculiarity of being both individual and collective. Individual *Gemüths* could merge with each other thereby forming a collective *Gemüth*. Neither instantiation of *Gemüth* could be explained as a simple function of the other. At any given point the collective *Gemüth* was constituted by and itself constrained the individual *Gemüths* it comprised. To further complicate matters, the scope of the collective *Gemüth*

²³Ibid., p. 26-27.

²⁴Ibid., p. 80.

comprised groups of almost any size. The merging of *Gemüths* was not exclusive; each individual *Gemüth* was related to a variety of collective *Gemüths* at the same time. By experiencing things in the same way, *Gemüths* came to be unified in experience. Solidarity of sensibility characterized the collective *Gemüth*. In this respect, it was more like process than a thing and the image of musical tuning is more apt than that of a soul-organ.

Members of the Illenau community took this attunement of *Gemüths* to occur in much the same fashion as described in Kleist's conversation with his sister. The relationship between Hergt and Roller, for example, was portrayed by a fellow member of the asylum community as an "affinity of spirit" caused by "their ability to understand each other without many words, know each others needs without asking and provide each other support without noticing."²⁵ Due to the interactive nature of *Gemüths*, Hergt believed that it was important to always presume the best about other people because that would tend to exercise an improving influence:

We do not know why other people do what they do, we do not know how they feel in their hearts, we do not even know what they mean by what they say and do. Perhaps there is more compatibility between us than we suspect. Surely by far the greatest source of conflict between people arises from misunderstandings; we should try to communicate before we fight. Our lack of knowledge about the hearts of others permits and demands that we form a good opinion about them and assume people to be good. When the good opinion is made impossible by unambiguous facts, only then can it be dropped. But this illusion is better than the opposite and even when our good opinion has been disappointed we will welcome every ray of light. Having a good opinion of people and conducting ourselves accordingly has the advantage of moving people to correspond to the impression in question. When one takes people to be better they are better.²⁶

Mental health entailed the cultivation of such affinities at all levels of the asylum population and beyond. Christian Roller said that affinities occurred when a *Gemüth* "belongs to a large community that is similarly tuned and that perceives in the same way." The "immediate certainty of sharing a common feeling with many others gives the

²⁵Schüle, *Jubelfest*.

²⁶IW Nr. 32, 1876.

Gemüth enormous sustenance and bolstering support.”²⁷ This commonality of feeling can be generated in communities of any size, the ward of an asylum, an asylum population, a single state or even the German nation:

Correspondence in the structure of feelings is, more than anything else, what gives a community its strength. Intellectual insight is objective. All communities can obtain it. But the life of the *Gemüth* is subjective. The operations of the *Gemüth* of a population cannot be determined or anticipated in advance. The tone that is sounded when the strings of *Gemüth* are struck differ from one *Volk* to another. Religion, poetry, music receive profoundly different expressions in each population...The *Gemüth* can only add its ring to a full chord when it is in harmony with other *Gemüths* tuned to the same key.²⁸

The *Gemüth* determines the individuality and specificity of a population, what we would call its culture. Yet the strength of the collective *Gemüth* is itself dependent upon the “degree of affirmation it receives from all the individual *Gemüths* which belong to it.”²⁹

Christian Roller believed Germans to be especially prone to the influence of *Gemüth*. His evidence for this claim was that the German *Volk* behaved in a manner comparable to the behaviour of a person in the grips of *Gemüth*; hence the population was governed by a collective *Gemüth*. The political history of the German territories is associated with the composition of its collective *Gemüth*:

Everything I have said above about the penetration of impressions into the *Gemüth*, about the resonance of the same within it, about the lack of objective judgement, about the process of thinking as compared with the perception of *Gemüth*...all that applies to the German *Volk* which also happens to be the only *Volk* which has a word for ‘*Gemüth*.’ This does not mean that we have *Gemüth* and other people don’t, but it does mean that the *Gemüth* dominates us more than other people, it is especially malleable in us, especially easily influenced...In the past centuries, the German *Volk* has experienced all the advantages and – God only knows! – all the disadvantages associated with a *Gemüth* thus configured.³⁰

To a modern reader, this nationalist language invoking a German *Volk* is strongly associated with essentializing theories of racial purity and cultural supremacy. Some of

²⁷Ibid., p. 18

²⁸Ibid., p. 18-19.

²⁹ Ibid., p. 32.

³⁰ Ibid., p. 56-57.

Christian Roller's assertions confirmed such associations. He claimed, for example, that the image of "the blond hero who destroyed the *Roman* Empire" inevitably causes every German *Gemüth* to bound with inner joy."³¹

The fundamental orientation of the doctrine of *Gemüth* was, however, orthogonal to such essentializing theories since it construed psychological reality as relational, relative and contingent. The collective *Gemüth* was not monolithic, not even in Germany. Roller senior claimed, for example, that the influence of *Gemüth* was stronger in southern Germany than northern Germany:

Without a doubt, the northern German Christians have more intelligence, elegance, energy, cultivation; [but] the southern Germans have more *Gemüth*...combined with something very natural and familiar in the tone and manner they adopt towards their people, especially the rural ones; they have a strong desire to uplift and merge with one another.³²

At the inner most core of *Gemüth* there are no essences, no core structures. Any particular inner state was the outcome of a series of physical, social and religious operations which were entirely local and particular to a given situation. People could have a different degree of susceptibility to the influences of *Gemüth*, which is why southern Germans were more prone to its movements than northern Germans, but insofar as they were governed by *Gemüth* they were entirely impressionable. To fully harmonize with its environment, each *Gemüth* had to surround itself with other *Gemüths* that felt as it felt, perceived as it perceived, blended as it blended:

The *Gemüth* is the organ which is entirely constituted by the circumstances in which we find ourselves and which it unreflexively embraces...In the following, we must emphasize the relationship of *Gemüth* to *Gemüth*. In all circumstances that can be described as *echt gemüthlich* an immediate correspondence occurs. And this correspondence is also felt. It cannot be understood by reason, but it can be felt directly in the *Gemüth*...Surely, the most important role is played by the immediate comprehension of how the other person's *Gemüth* is configured. This seems to get telegraphed instantly from *Gemüth* to *Gemüth* and determines whether they ring in harmony or disharmony. Profound intellectual differences are compatible with a deeper sympathy as long as the structure of experience is in correspondence; that is to say, the manner in which

³¹ Ibid., p. 21.

³² Letter from Kayser to Wichern, May 6, 1850. Löttsch, *unpublished manuscript*, p. 196.

perception occurs and things from inside and outside touch the soul must, at a deep level, be the same.³³

The *Gemüth* provided a theoretical framework linking cultural identity, and supremacy, to the fundamental interactivity of psychological reality. The fusion of personal and collective experience through *Gemüth* yielded not an *entity* but a process: that is, an *inclination* to experience things in certain ways. While some inclinations were shared by few people, others such as the feelings for “family,” “father land” and idealist philosophy were shared by many. In Christian Roller’s words, “A rejection of Idealism is tantamount to a rejection of the *Gemüth*.”³⁴ These collectively shared, yet privately experienced, inclinations drew the diversity of a population inward and together.

2.3 The Egotism of Sickness

Hansjakob, a writer and alcoholic who came to the asylum for treatment in 1895, mourned the passing of the Roller-era with its “more idealist” generation of physicians. He said that the founders of Illenau had been true “psychiatrists” who, as their name would imply, “believed in a body and a psyche.” Today, most doctors are “monists, materialists, atheists,” who no longer believe in the centrality of the “*Gemüth*” and shirk the disease categories used in the early years: i.e., “illnesses of the soul and *Gemüth*”. Roller and his colleagues appreciated the “movements of the *Gemüth*...the sight of exulted nature or a picture and the sound of the beautiful in a wonderful musical creation.” The new vocabulary invoked such lifeless terms as “cerebral cortex, ganglion

³³The telegraph here serves as a metaphor for something that occurs instantaneously and, seemingly in defiance of the normal causal order which is how the telegraph was frequently perceived when it was first introduced.

³⁴Roller, *Gemüth*, p. 82.

systems and nerves.” Hansjakob likened the conception of the soul as held by the older generation of psychiatrists with that of such poets as Schiller and Klopstock.³⁵

Hansjakob’s claims are confirmed by Illenau’s statistical charts which map the distribution of symptoms across disease categories – i.e. violent, melancholy, delusional, deranged, idiotic (*tobsüchtige, melancholische, wahnsinnige, verrückte, blödsinnige*) – revealing that, according to the measures applied by Illenau doctors, the *Gemüth* was the portion of the soul most commonly afflicted by mental illness. This finding applied to all patients regardless of sex, nationality, and age group.³⁶ A further entry in the statistical charts traced disturbances of *Gemüth* to sensory imbalances caused by hallucinations. The chart plotted how hallucinations affect the sense organs individually and in groups. So for example, 45.3% of hallucinations affect the sense of hearing and 9.7% affect all five senses at once. These numbers were, of course, only partial measurements of *Gemüth*, since sense information was but one of three influences acting upon the *Gemüth* at any given time; social interactions and religious impulses were not amenable to quantification. These numbers represented a modest attempt to measure this elusive soul faculty.

Impairments of *Gemüth* resembled what we might think of as changes in mood. The “Instructions for Attendants” at Illenau explained to asylum employees what constituted a change in the patient’s “state of *Gemüth*” (*Gemüthsstimmung*):

Whether they [the patients] are indifferent, dull, dismal, fearful, plaintive, uneasy, intimidated, impatient, smarting, excited, serene, merry, blissful, unsatisfied, suspicious, soft, sensitive, easily irritated, subject to mood swings and causes thereof, it is possible to improve the mood by some means, whether he is susceptible to certain feelings (of right, wrong, love of God, of kin, of *Heimath*, of possessions, concern for the destiny of others) a little, not at all or to an increased degree, whether he has particular inclinations and wishes and which ones, whether or not he

³⁵Hansjakob, p. 225-231.

³⁶*Statistik Die Heil- und Pflegeanstalt Illenau*. Karlsruhe: Müller’sche Hofbuchhandlung, 1866, p. xxv and charts XXI-XXVI.

suffers from an insatiable covetousness extending to all that he sees or that comes to his attention.³⁷

Employees were expected to report any such changes in a patient's condition to the head-attendant or the presiding physician. What is striking about the above passage is that the observation it called for required vigilant watch on the part of attendants. They were accountable for changes of degree, i.e. to note whether the *Gemüth* was affected "a little, not at all, or to an increased degree", and of kind, i.e. to be able to distinguish between "smarting," "sensitive" and "irritated." These are the "tender stirrings" of *Gemüth* which, as Roller was quoted saying earlier, were to be engaged by the entire configuration of asylum life.

An acute disturbance of *Gemüth* occurred when it absorbed an impression which inhibited the healthy functioning of the soul or, in Hergt's words, impressions which produced "deviations of thinking, feeling and wanting" (*Abweichungen des Denkens, Fühlens, Wollens*).³⁸ The *Gemüth* was incapable of distinguishing between impressions which were healthy and pathological in character. In Christian Roller's words, "the *Gemüth* itself can never be ill" it merely ceases to have the correct impressions at its disposal. It fashioned diverse kinds of impressions into experience. By this means, "illness enters the composition of the *Gemüth* where it comes to be detained as an intruder and a threat to peace."³⁹ Christian Roller also described mental illness as a "wedge driven into the subject."⁴⁰ Owing to the dual nature of perception as both active and passive, an intrusive sensation could produce a change in the organization of

³⁷"Anleitung zum Krankendienst." In: Roller, *Illenau*, 1852, p. 7.

³⁸Karl Hergt, "Einiges zur Behandlung der Seelenstörungen." In: *AZP* 33 (1877): 803-837, p. 834.

³⁹*Ibid.*, p. 69.

⁴⁰*Ibid.*, p. 72.

perception which, in turn, compounded the intrusive sensation resulting in a vicious circle of psychological imbalance.

From the perspective of Illenau physicians these imbalances were inherently egotistical because they diminished the receptivity of *Gemüth*. An entire article in the *Illenau Weekly* was dedicated to a discussion of the “egotism of sickness” which was also a standing phrase in the medical literature of the asylum. The article began with an acknowledgement that patients did not appreciate the imputations of this phrase: “How dare you write something about the Egotism of sickness; you are poking into a wasp nest!”⁴¹ The article then reminded the reader that the sense in which Illenau physicians interpreted “egotism” was not as a “character flaw” but as “a component of the illness” proceeding to explain the connection between egotism and illness. Since a similar but more detailed explanation can be found in Christian Roller’s text, I will quote the latter:

[The *Gemüth*] tries to rid itself of the intrusive sensation but it can’t because the nervous affliction is constantly felt and thus brought to awareness. Now the normal movements of the *Gemüth* are constrained. It cannot twist itself towards the manifold directions of which I spoke earlier and from which it receives its impressions, with every response it registers that its movements are constrained by something of which it cannot rid itself. The presence of this intruder causes the latter to become rigid. It can even go so far that the *Gemüth* freezes around the foreign object, so to speak. Now the I, which is constantly constructing itself from the available *Gemüth*’s impressions, keeps finding the intrusive sensation more prominently displayed than all others...It begins to form the center of the I’s consciousness. All mental life is concentrated upon it. As is well known, rigid egotism is almost invariably an element of soul disturbances.⁴²

Hergt offers a similar description of the process of mental pathology but he adopts the narrative position of a physician observing a patient, rather than, as in the above description, adopting the perspective of *Gemüth*. The excerpt below is taken from Hergt’s article on “Soul Disturbances” published in the *Allgemeine Zeitschrift der Psychiatrie* in 1877 and was directed towards a specialist medical audience. Hergt did not cast pathology as a perversion of the patient’s rational faculties, nor his or her social

⁴¹ IW, Nr. 33 & Nr. 34, 1868.

⁴²Ibid., p. 70-71.

instinct. Nor did Hergt's language include explicitly moralizing terms. Rather, Hergt construed pathology as a condition "impressed" upon the *Gemüth* from which it then issues forth:

I recommend that special attention should be paid to: the psychic state before the onset of illness especially as regards the individuality of intelligence and *Gemüth*, especially the peculiar sensations and events which were impressed upon the consciousness, contributed to the creation of the soul disturbance and continue to issue forth within its pathological condition, the pathological transformation of consciousness and its position with respect to prominent or dominant classes of ideas, the manner in which thought processes are disturbed, whether they are accelerated, slowed down, subject to temporary or permanent constraints, whether reflex actions are increased, whether there is an increase or decrease of affects or a single dominant affect, or a change, or if there is a drop in the temperature of *Gemüth*.⁴³

Like Christian Roller, Hergt took mental illness to be an intrusion into the soul-life that interfered with its natural functioning. In particular, he argued, the illness impairs the inner movements of *Gemüth*, movements which enabled individuals to register the diversity and nuance of their environments. Hergt spoke of a drop in the "temperature" of *Gemüth*; language reminiscent of Christian Roller's claim that, in severe cases of mental illness, the *Gemüth* could "freeze." Such imagery conjures up the notion of a 'soul temperature' and likened mental illness to a spiritual death, the point at which the body's temperature drops. The association of mental illness with death goes some way towards explaining why Illenau physicians did not focus on restoring the intellectual faculties and moral faculties of their patients. Mental illness, they believed, had impaired the patient's essential humanity and thus immobilized their intellectual and moral responses. The psychiatrist's task was, essentially, to adjust the soul temperature of patients which, like body temperature, had to be kept just right, not too hot or too cold.

The aetiology of mental illness reveals that the soul could be afflicted by egotism without, necessarily, being in the thralldom of the I. A failure of *Gemüth* to unify the heterogeneous elements of sensation into a single totality of experience rendered it

⁴³Hergt, "Seelenstörungen," p. 807.

incapable of creating the conditions for its own inner balance, placidity and diffusion and thus gave rise to a state of non-egotistical egotism. This state was also described in the literature as a state of “subjugation” or “being unfree.”

And let us never forget that “subjugation” (*Unfreiheit*) is the essential psychological criterion of an afflicted *Gemüth*.⁴⁴

Although the I was, at least in tendency, pathological, not all manifestations of pathology were necessarily rooted in the activities of the I. Yet anything that served to heighten or increase a patient’s self-consciousness also perpetuated egotism and hence the conditions of illness. An article in the *Illenau Weekly* concluded categorically that there could be no such a thing as “healthy egotism.”⁴⁵

To conclude this discussion of *Gemüth*, it will be helpful to compare the general features of the structure of the soul as construed by Illenau physicians with an alternative developed in Vienna during the Roller-era: namely, the Freudian psyche. The following comparison is based on contemporary conceptions of the Freudian soul in the popular understanding. Sigmund Freud’s later structural model divided the soul into three main layers, the ‘id,’ ‘ego’ and ‘superego.’ The *Gemüth* was, by contrast, integrated, placid and diffuse. For Freud, psychological reality arose from the interactions between the three parts of the soul whose relative formation was determined by past experience. For Illenau physicians, present psychological states were primarily determined by the immediate sensory environment. In Freud’s conception, the operations of the soul-life obeyed general principles; psychological laws, such as repression, stages of psycho-sexual development and oedipal conflicts, applied universally. At Illenau the operations of the soul-life were local and subjective, general laws could not describe its functioning.

⁴⁴IW, Nr. 39, 1868.

⁴⁵IW, Nr. 29, 1874.

Their different conceptions of the soul entailed fundamentally different conceptions of the nature of psychological disturbance and its requisite treatment. For Freud, disturbances occurred when psychic blockages prevented the various layers of the three part soul from functioning in their regular manner. These blockages were caused by unconscious memories which had been repressed and were no longer accessible to the conscious mind. The course of treatment involved removing these blockages by bringing them to the patient's conscious attention and thus freeing them of neurotic conflict.

For Illenau physicians psychological disturbances were not blockages between different layers of the soul but imbalances within the entire composition of the soul. Although Christian Roller used the image of the 'wedge' driven into the *Gemüth*, this wedge did not, like the blockages of early Freud, prevent different parts of the soul from communicating with each other. Rather it affected the activity, receptivity and temperature of *Gemüth*. While Freud's blockages were unconscious, imbalances of the *Gemüth* were pathologically conscious; they focused attention on themselves giving rise to a form of existential egotism. At Illenau treatment consisted in drawing the attention of the patient away from their imbalance towards the variety and nuance of experience. For Freud the amount of soul energy available to each person was a fixed quantity; the analyst directed the movement and distribution of that energy as if it were a hydraulic system. At Illenau the amount of soul energy was variable, a patient could have more or less *Gemüth* but more was definitely better; the physician nurtured and cultivated *Gemüth* as if it were a plant.

According to Illenau practitioners, the past was best forgotten and, as far as possible, suppressed. The *Weekly* repeatedly issued the following warning to its readers: "Always be ware of stirring up past pain through memory." The purpose of an asylum was to replace destructive habits formed in the past, with productive habits formed in the present. Illenau physicians erected a temporal and spatial framework that was entirely

geared towards imposing upon their patients a state of concentrated activity. The activity did not have to be productive in an economic sense but engrossing in a psychological sense.

Given the peculiar ontological character of *Gemüth*, a unique arsenal of treatment methods was required to observe, regulate and cajole its operations. The following chapter will examine the therapeutic approach developed by Illenau physicians for this purpose in general terms.

The Psychiatry of *Gemüth*

The Germans are a good people. On the whole, the best people perhaps in the world; an amiable, unselfish, kindly people. I am positive that the vast majority of them go to heaven. Indeed, comparing them with the other Christian nations of the earth, one is forced to the conclusion that heaven will be chiefly of German manufacture. But I cannot understand how they get there. That the soul of any single individual German has sufficient initiative to fly up by itself and knock at St Peter's door, I cannot believe. My own opinion is that they are taken there in small companies, and passed in under the charge of a dead policeman.¹
(Jerome 1890)

Illenau's medical approach bore a strong resemblance to the approaches developed in equivalent French and English asylums of the same period. In all three national contexts, the asylum came to function as a therapeutic instrument in its own right involving the construction of a purpose-built complex, the creation of a therapeutic community through, for example, occupation therapy and festive events and relinquishing the use of restraining devices. Elaine Showalter's description of Victorian psychiatry in England can serve as a summary of the general features of moral therapy:

The triple cornerstones of Victorian psychiatric theory and practice were moral insanity, moral management, and moral architecture. "Moral insanity" redefined madness, not as a loss of reason, but as a deviance from socially accepted behaviour. "Moral management" substituted close supervision and paternal concern for physical restraint and harsh treatment, in an effort to re-educate the insane in habits of industry, self-control, moderation, and perseverance. "Moral architecture" constructed asylums planned as therapeutic environments in which lunatics could be controlled without the use of force, and in which they could be exposed to benevolent influences.²

Showalter's "triple cornerstone" cannot, however, account for the culturally specific experiences produced within different asylums. It does not, for example, explain why

¹Jerome K. Jerome's *Three Men on the Bummel*, a comical account of a bicycle trip through the Black Forest region in 1890, the region around Illenau, just two years after the Roller-era. The last chapter of this book is dedicated to a discussion of the national character of the native inhabitants. Without ever saying the word '*Gemüth*,' Jerome found himself in a land dominated by psychological influences markedly similar to the ones Christian Roller associated with *Gemüth*. Jerome, *Bummel*. London: Penguin Books, p. 199-200.

²Showalter, *Female Malady*, p. 29.

Roller, who had studied under Esquirol and was intimately familiar with his psychiatric approach, deemed the Illenau approach to be quite unlike its French counterpart. To understand the difference between the Illenau School and Esquirol's '*traitement moral*' it is necessary to examine the structure of the experience each approach was respectively designed to elicit.

What looks like an international, scientific enterprise, from one perspective, breaks into diverse, culturally specific undertakings, from another. Unlike moral management which was directed towards the regulation of *individual* experience, the approach developed at Illenau pertained to the management of *collective* experience. The "*traitement moral*," Roller said, is too blunt an intervention into the soul-life since it presumes mental illnesses to be "in the nature of a mechanical defect" that can be removed by applying "the equivalent of a psychological lever."³ Roller's criticism of the *traitement* was grounded in his theory of *Gemüth* which informed his perception of mental illness and, consequently, the function of the asylum.

According to Roller and his colleagues, the organ most severely afflicted by mental illness was the *Gemüth*. By regulating the state of *Gemüth*, it was possible to combat the symptoms and causes of mental illness. In Roller's words:

In Illenau we lay great store in the [psychic therapies]...and employ all methods which can be used to influence the *Gemüth*. After all, psychic therapies do not rely upon developing the rational faculties, or increasing intelligence, but rather upon putting into motion, the sense of mannerly conduct, cleanliness and order, propriety and obedience, right and wrong, and stimulating and cultivating these so that the *Gemüth*, in all of its tender stirrings, is engaged.⁴

In other words, the regulation of *Gemüth* required a more comprehensive, diverse and nuanced configuration of the institution than merely "developing the rational faculties, or

³Christian Friedrich Roller, *Illenau. Geschichte, Bau, inneres Leben, Statut, Hausordnung, Bauaufwand und finanzielle Zustände der Anstalt* (Mit Ansichten und Planen in 24 Blättern). Karlsruhe: Gross, p. 55-56.

⁴Ibid.

increasing intelligence.” The asylum had to be configured in such a way as to engage the *Gemüth* “in all its tender stirrings.” Rather than conceiving of the asylum as a “psychological lever” for removing a particular mental “defect,” Roller construed it to be a phenomenal instrument for re-organizing the very composition of the soul.

Roller’s asylum was designed to immerse patients in a controlled sensory environment whose internal organization would regulate, balance, and cajole the operations of *Gemüth*.

The asylum is in and of itself a means of cure indeed, it must be said, the largest and most important one if one considers all of the forces operating in its inner life.⁵

Whole chapters in Roller’s medical books are dedicated to Illenau’s “inner life,” a phrase implying that the internal organization of the asylum was thought to be comparable to an organism in its complexity and subtlety. In Roller’s words, the asylum should have “the configuration of an entirely self-contained and cohesive whole.”⁶ Indeed, the Illenau literature regularly referred to the asylum as an “organism” and Hergt had a standing joke of calling the transferral of patients to and from the asylum “*mouvements*,” thus conjuring up images of an institutional bowel movement.⁷

The American psychiatrist Isaac Ray, an advocate of moral therapy who visited Illenau in the 1840s, agreed that the asylum should not be understood as a “machine.” Yet Ray’s reason for holding this opinion was very different than the reasons held by Roller and his colleagues. For Ray the asylum was not a machine because it was populated by people who were not machine-like:

⁵Roller, *Beziehungen*, p. 156.

⁶Ibid., p. xiii.

⁷Ludwig Ackermann, “Erinnerung aus meinem Leben, niedergeschrieben für meine Kinder und Enkel”. Private archive: Eva Schwab, p. 57.

A hospital for the insane is not a machine which may be set in motion at pleasure, and its various parts and their manner of working deliberately inspected; but a congregation of men and women morbidly subject to whim, humour and passion, ever presenting some new phasis, and ever producing some new impression on the mind of the observer.⁸

But for Illenau physicians it was the asylum itself that was not machine-like rather than the people inside. The organic quality of the asylum resided in its internal, institutional organization where the parts had an independent function while also being constitutive of a whole. Illenau's asylum life was configured in such a way as to impart to individuals a sense of their place in the physical and social environment. It was specifically the structure of experience which communicated this sense and not, for example, moral lessons or instructions about rational behaviour. The Illenau School was a profoundly aesthetized venture insofar as the term 'aesthetic' designates the form of experience be it grounded in physical sensations or social interaction. 'Aesthetic re-education' is the general term I use to describe the practices involved in creating, maintaining and administering a therapeutic asylum order for the restoration of a healthy *Gemüth*.

3.1 Aesthetic Re-education: '*Traitement Moral*' auf Deutsch

Aesthetic re-education transformed the asylum from a simple institution for psychiatric confinement into a therapeutic instrument based on, what might be called, a pharmacology of experience. The psychiatrist's task was two-fold: to establish and maintain the correct ordering of experience required for accommodating the diverse citizens of Baden, and preferably beyond, and to move patients between various experiences according to their shifting psychiatric needs. The phrase 'aesthetic re-education' never occurred as such in the asylum literature. But a similar phrase was used

⁸Ray, "Observations on the Principal Hospitals for the Insane in Great Britain, France and Germany". *American Journal of Insanity*, 2 (1846): 289-391, p. 295.

by Hergt who described Illenau's psychiatric approach as "the entire re-education of the person" (*die ganz neue Erziehung des Menschen*).⁹

According to Hergt, the psychiatrist had to orchestrate experience without being seen to do so:

Although it would be detrimental to our cause to appear in the garb of a pedagogue, we are nevertheless required to constantly practice pedagogy, but the kind that is adjusted to the psychosomatic state, needs and conflicts and sometimes even entirely withdraws.¹⁰

Unlike the aesthetic education envisaged by Schiller, where the transfer of cultivating forces flowed largely in one direction, namely from teacher to student, the psychiatric pedagogy developed by Illenau physicians had a more Kleistian spin based on the interactivity of *Gemüths*. Hergt described the encounter between doctor and patient as "dialectical" in that it did not consist of the meeting of two isolated subjects with each adapting to the psychological needs of the other, but rather entailed the creation of a mutual subject enveloping both therapist and patient.

[Through] correct, encompassing and deeply penetrating empathy with the patient...we introduce into the consciousness of the patient through words or deeds, through our entire demeanour, that we understand him and have thoroughly recognized his condition.¹¹

Aesthetic reeducation was a treatment method based on the experience of groups rather than individuals where the group had a variable size and membership; it shaped the experience of a collective *Gemüth* and, by that means, operated on the individual *Gemüth*.

Arranging the elements of experience in such a way as to achieve a therapeutic balance in the organization of asylum life required, in Roller's words, "bringing two

⁹Karl Hergt, "Frauenkrankheiten und Seelenstörung." In: AZP 27(1871): 657-672, p 672.

¹⁰Ibid., p. 835.

¹¹Ibid., p. 833.

opposing tendencies into harmony.”¹² The tendencies in question were the same as those confronting the *Gemüth* itself. Roller’s asylum had to be receptive to the heterogeneous elements of experience while also forging those elements into a single totality of experience. The practices aimed at recognizing the heterogeneity of experience constituted Illenau’s so-called “individualizing method.” The practices aimed at unifying the asylum population in an experience of community will, by analogy, be called the “collectivizing method.” The asylum literature does not give a special name to the collectivizing practices because they were in keeping with the entire orientation of the Illenau School. Aesthetic reeducation involved achieving by means of asylum management a state of balance between the individualizing and collectivizing tendencies and thereby allocating to each member of the asylum population an appropriate social position. Illenau’s festive events will serve as examples of how these two opposing tendencies were combined in asylum life. A final section compares Roller’s asylum with an alternative proposal for a model of psychiatry that was not based on the doctrine of *Gemüth*.

3.1.1 Elements of Experience

The asylum served to mediate between the inner and outer world as well as to blend individual and collective forms of experience. The following two sections will examine the impressions available within the confines of the asylum and used by Illenau physicians to fashion experience. The first section looks at the structure of sensory impressions generated by nature, art and music, the second at the structure of social impressions generated by communal interaction. A third set of impressions which was

¹²Roller, Illenau, 1865, p. 57.

believed to influence the *Gemüth*, religious impressions, will not be addressed until a later point in this study; although valued by psychiatric practitioners, these impressions were of other-worldly origins and hence were not subject to immediate medical control. Religion will, however, be discussed in a later section since Illenau physicians cultivated religious feeling in the asylum population.

3.1.1.1 Heterogeneity and Plurality

At the heart of Roller's approach to psychiatric therapy was the conviction that although mental illness may severely disrupt the rational faculties and social demeanour of patients, it does not impair their receptivity to the aesthetic structure of experience. Patients could still sense the majesty of a landscape, delicacy of a musical composition and tenderness of kindred feeling whether or not they could comprehend the precise features of the scene, notes and gesture in question. Roller believed, moreover, that this aesthetic faculty could be used in treatment: he believed in the curative power of the aesthetic.

An episode frequently cited in the medical literature will serve to illustrate this faith. The episode pertained to the visit of a close friend of Roller's, the poet Emmanuel Geibel, who would occasionally hold poetry readings at Illenau.¹³ Roller's account of one of these readings went as follows:

In the summer of 1860 several female patients gathered together around one of the most celebrated German poets to listen to him read his poems; he was able to conclude, from the expressions of his female listeners, that they had a deep understanding of the same. The poet, who so kindly accepted their invitation and brought such joy to this circle, will confirm that despite the

¹³At least three such readings are documented in the asylum literature, 1856, 1858 and 1860. See: "Achern und der Mai-Dichter." In: *Achern Tagesblatt*, May 18, 1992.

heavy pressure weighing upon these *Gemüths*, they nevertheless had a clear perception of the beautiful.¹⁴

The purpose of this passage was to show that Illenau patients did indeed have a “deep understanding” and “clear sensibility for the beautiful.” Geibel’s testimony upheld a central premise of the Illenau project, namely that the aesthetic structure of sensations could be propagated directly into the *Gemüth*. Given that Geibel was considered one of the premier poets of his age, compared by contemporaries in stature with Goethe,¹⁵ his testimony was unimpeachable. The Geibel event synthesized implicit assumptions of Illenau’s psychiatric practice into a single, evocative scene and, so, carried a symbolic significance that transcended any immediate impact these evenings could have had on asylum life.

Geibel’s appearance in these rooms and the memories he both left behind and cherishes, in and of themselves designate a new era in the life of these asylum.¹⁶

The relationship between the inner and the outer world was mimetic – to achieve a state of dynamic balance in the *Gemüth*, the elements of perception had to be in a state of dynamic balance. Sensations were not only absorbed into experience, they also merged with the structure of *Gemüth*. Just as the *Gemüth* was thought to be healthy when it was able to unify heterogeneous impressions into a totality of experience, so too the impressions themselves were deemed therapeutically beneficial when they consisted of heterogeneous elements forming an aesthetic totality. A curative landscape or musical composition, for example, was not simply one considered to be appealing but one whose aesthetic structure mirrored the structure of the healthy *Gemüth*. Nature and art had to be arranged in such a way as to manifest aesthetic relations of harmony, balance and

¹⁴Roller, *Illenau*, 1865, p. 46.

¹⁵“Emmanuel Geibel”. In: *Kindler’s Literaturelexikon*.

¹⁶Roller, *Illenau*, 1865, p. 46.

symmetry. For these relations demonstrated an internal equilibrium comparable to the placid ocean of *Gemüth* and thus helped sustain the smoothness of its surface as required for the purpose of, in Christian Roller's words, reflecting the eye of God.

One of the fundamental differences between psychiatric practice as conceived at Illenau and Esquirol's *traitement moral* is that Illenau physicians did not believe this mimesis to be the result of causation on the model of sensationalist psychology.¹⁷ In the world of *Gemüth*, perception was simultaneously active and passive. The outer world impressed its structure upon the inner world which, in turn, fashioned the structure of the outer world. The unifying of heterogeneous elements was a phenomenal event which could not be located in a dichotomy between the mental and the physical determinants of experience. Totalizing heterogeneity existed neither in the external world nor in the internal world; it was the result of a continual interaction between the two.

3.1.1.2 Binding and Elevating

Roller listed the following features of communal life as "contributing to the recovery of the patient: "quiet togetherness," "instruction by way of example," "participation and mutual support," and "demonstrations of love and trust." These are forces which, he said, arouse feelings of well-being and "*Gemüthlichkeit*" in patients.¹⁸ In the asylum literature these forces are called "that which binds and elevates":

There are certain spiritual forces which hold a communal entity such as ours together and which endow it with the force of agency. We want to describe these forces as that which binds and elevates.¹⁹

¹⁷Goldstein, *Console*, 246-248.

¹⁸Hergt, *Seelenstörung*, p. 812.

¹⁹ IW, Nr., 1867

The golden rule governing all forms of human interaction also applied within the asylum. In the words of a close colleague of Roller's, one reason for transferring patients from their families to the asylum was that "his fellow patients are far more likely to resist his egotism and will instruct him that that which he does not want others to do unto him, he may not do unto them."²⁰ The fusion of *Gemüths* could be used to by-pass the pathological logic of self-consciousness by tempting patients out of "the dangerous circle of pathology." One advantage of large asylums over small ones was, according to Roller, the scope furnished for the play of personalities whose mysterious merging and fusing could not be entirely directed from the outside:

Patients who feel a greater attraction towards one personality than another can be given a larger field of choice [in a large asylum] without, thereby, allowing favouritism to develop.

Roller frequently noted that the spectacle of mass co-operation exercised a powerful influence over individual patients which was one reason he deemed it essential that meals be eaten communally:

I have often witnessed that a patient who absolutely refuses to eat even a spoonful of soup is so moved by the sight of a room full of patients around tables that he quietly takes his seat amongst them and proceeds to eat his entire meal without protest.²¹

Such scenes were not, of course, unique to Illenau. Nor is the power of suggestion that groups can exercise over individuals an unknown phenomenon. But at Illenau the communal meal was merely one enactment of an entire approach to psychiatry based on harnessing communal forces for purposes of psychological coercion. According to Roller, the management of such forces distinguished asylums from other kinds of hospital:

²⁰Heinrich Laehr, *Über Irrsein und Irrenanstalten für Ärzte und Laien*. Halle: Pfeffer, 1852, p. 122.

²¹Roller, *Illenau*, 1865, p. 10.

The same principles apply here as in other hospitals; the distinctive feature of an asylum is that the arsenal of treatment methods requires far greater variety, that things and forces which usually serve other purposes come to function as curative instruments here, that the spirit of the whole, which arises from the wise employment of these methods in their entirety becomes itself, in a much more definite way, its own kind of curative instrument.²²

The disadvantages of asylum life were more than compensated for by the psychological comforts inherent in the asylum community. Patients in the company of other patients had a comrade in suffering:

They feel much more free amongst their companions in suffering because they no longer need to force themselves to fit [into normal society] and they are no longer forced to do so. The suffering that one can share with others is only half of the suffering.²³

The asylum community provided patients with a means of being together that did not force them to be one way or another but rather allowed patients to have the feeling of shared normality. The companionship that arose between patients, could be used to produce a psychological interconnectivity that exercised a direct curative influence:

Many patients will watch vigilantly over their fellow patients to ensure their rights are not violated by the attendants...some show a concern and self-sacrificing care that is truly moving and that can be appropriated in effective ways.²⁴

Since physicians and attendants were believed to constitute part of that which “binds and elevates,” Roller stipulated that asylum employees must possess “a joyous, patient and affectionate *Gemüth*.”²⁵ He spoke of the influence exercised by attendants as forming a “a spiritual force...a spirit that gives the asylum life.”²⁶ Strikingly, the influence exerted by Illenau physicians was, like that of the attendants, *gemüthlich* in character, and not *charismatic*. This distinguished their therapeutic style from that

²²Roller, *Illenau*, 1852, p. 208.

²³Ibid., p. 35.

²⁴Roller, *Beziehungen*, p. 201-211.

²⁵*Dienstanweisungen*, §1.

²⁶Roller, *Beziehungen*, p. 71

associated with such figures as Francis Willis, Johann Christian Reil and Philippe Pinel. The asylum director was, for example, described as the point of unity between the body and soul of the asylum and hence, by definition, its *Gemüth*:

As spirit and body in man, by the soul, so spirit and organization in an institution for the insane are by the physician bound together in a living unity.²⁷

The administrative arrangements at Illenau supported the director in his role as institutional *Gemüth* insofar as the directorship combined two spheres of responsibility, those of a head physician and superintendent. The American psychiatrist, Pliny Earle, envied the German institutions, of which Illenau was a prime instantiation, for adopting this combined model:

They [in Germany] believe that an institution is best managed where the executive power is a unit. They have no faith in the attempt to couple together independent officers, after the manner of Siamese twins, lest they might not, like Eng and Chang, always think and act alike.²⁸

This combination of responsibilities was typical of German asylum management but distinguished Illenau from contemporary French and English asylums where these functions were usually split between a head physician and an asylum superintendent.²⁹

3.1.2. Imposing Divisions

At Illenau the patients were used as curers in that they could be used to counter-balance each others mental problems. In order to exercise this influence over each other, it was necessary to combine patients in such a way as to create pockets of shared sensibility.

²⁷Quoted from Damerow in: Earle, *Institutions for the Insane in Prussia, Austria and Germany*. New York: Samuel S. & William Wood, 1854, p. 30. Damerow and Roller were close colleagues, collaborated as editors for the AZP and both defended the same vision of the asylum as an Irrenheil- und Pflegeanstalt.

²⁸Ibid., p. 30.

²⁹Jean-Pierre Falret, *Visite a l'établissement d'aliéné d'Illenau*. Paris: 1845, p. 73.

This was a direct extension of Christian Roller's doctrine of *Gemüth*, which specified that the *Gemüth* felt most at peace when it shared a mutual certainty of like sensibility with another *Gemüth*. In order to create the conditions for social harmony at Illenau, the patient population had to be divided into separate, internally compatible groups, or accommodation classes, which were individuated by *Gemüths'* type. Roller and his colleagues believed that through the correct ordering of individual patients, the collective *Gemüth* of the institution would come to assume the same balanced, diffuse and placid state that was also characteristic of the individual *Gemüth* in its healthy state.

Hergt argued that the "traffic" of patients through the asylum had to be channelled in such a way as to be conducive to the production of shared feeling.³⁰ Roller maintained that the art of psychiatry depended upon finding the right combinations of patients:

Even asylum doctors are amazed to see the restorative influence that patients exercise over each other, *one need only understand how to combine them.*³¹ (my italics)

Facilitating compatibilities, that is achieving the correct combinations of patients, depended upon establishing appropriate exclusions. It was not sufficient to merely divide patients down lines of class because affinities of *Gemüth* were governed by innate sensitivity rather than learned social affiliation. Of course the degree of development of a person's *Gemüth* was not entirely separate from the social privileges within which that *Gemüth* had been formed but this was not a theme emphasized in the Illenau literature. The exclusions established between patients were not merely walls erected to prevent patients of different social backgrounds from fraternizing with each other, they were walls separating entire life-worlds from each other. Upper class patients lived on

³⁰Hergt, "Seelenstörung," p. 834.

³¹Roller, *Illenau*, 1852, p. 35.

luxuriously appointed wards and pursued such leisure activities as hunting; poor patients lived in large sleeping halls and, illness permitting, worked in the asylum infrastructure.

The hierarchy of experience that was created by this composite arrangement of the asylum's inner world was termed, in the Illenau literature, the "individualizing method." Hergt said that "individual states require individualized consideration"³² and Roller's favourite slogan was, "One rule cannot be applied to all" (*Eines schickt sich nicht für alle*). This slogan hung as a banner over Roller's office for many years and hardly an article on Illenau has been written without mention of this signature phrase. Heinrich Schüle, Illenau's third director, said that the cure rates of an asylum depended upon the precision with which the differentiated needs of patients were reflected in the technical, administrative and social organization of asylum life:

I say 'the asylum' and designate thereby the most effective of all therapeutic instruments; naturally, I do not mean the asylum as a mere building – what could that achieve on its own? – but the asylum as a living organism with its purpose, physical arrangements and the forms of management adjusted to the peculiar tastes and needs of its patients. I mean its inner, spiritual atmosphere. Every improvement of the asylum, technical, administrative or social, which makes the life of our charges more comfortable and appropriately reflects their separate individuality will pay for itself in the increased percentages of cured patients.³³

The "separate individuality" to which Schüle alluded in the above passage was not the individuality of the patient as an isolated subject but the individuality of a patient's *Gemüth* type. The "individualism" associated with a patient as an isolated subject was portrayed as a negative force in the *Illenau Weekly*:

That is our strongly developed sense of individualism, that is to say the condition that we are all too inclined to use our own personality as a measure for making judgements.³⁴

³²Hergt, "Seelenstörung," p. 833.

³³Festrede, 1892, p. 59.

³⁴IW, Nr. 29, 1876.

Illenau's individualizing method was directed towards dispensing psychiatric treatment to groups of patients. This should not, however, be construed as a rudimentary form of modern group therapy. Illenau's groups did not assemble for short periods to self-consciously serve as a platform for individual members of the group to expose their isolated experiences in consecutive order. Illenau's groups were permanent arrangements whose members lived together, worked together and were bound together by a shared way of life. Each group dwelt in a therapeutically appointed life-world which was unique to itself. That is to say, the physical appointment of each ward, the activities pursued by the members of each ward and the forms of social interaction cultivated by them were uniquely adapted to the needs of each respective *Gemüths'* type. These separate life-worlds facilitated the dissolution of individual experience in the immediacy of shared experience by generating isolated social configurations whose restorative power resided, at least in part, in their ability to render a patient's placement in the asylum order seemingly self-evident.

3.1.2.1 Asylum Class

The Illenau community consisted of self-enclosed sub-communities defined along lines of sex, curability and accommodation class. The divisions by sex and curability need not be addressed here because they will be discussed in the section "The Ground Plans." But the division of patients by their accommodation class can serve, for now, as a general illustration of the principles by which patients were allocated to groups. Illenau recognized four different accommodation classes within the asylum: "pensioners" (*Pensionäre*), "distinguished ones" (*Distinguirten*), "farmers, labourers" and "paupers."

The pensioners were in the highest accommodation class and paid for their treatment privately; paupers were in the lowest accommodation class and were state-funded.

A juxtaposition of the living conditions for pensioners and paupers will demonstrate the range of experience available at Illenau. Pensioners had their own rooms, often including an adjacent room for a private servant, furnished with fine furniture, rugs and a sofa.³⁵ Paupers had a single bed in a sleeping hall shared by twelve patients.³⁶ Pensioners received three large meals including roasts, soufflés and puddings every day, wine and coffee with their main meals and, on request, snacks of preserved fruits and chocolate.³⁷ Paupers received thin soups for breakfast, thick soups for dinner, ragout and pudding on Sundays and a roast every fourteen days.³⁸ Room and board for the other classes of patients fell somewhere along the spectrum between these two ends.

Roller viewed social inequality to constitute “the order of things” and so he extended that order into the organization of psychiatric practice. The striking contrast in living conditions was not, however, reflected in the distribution of treatment. Roller insisted that all patients were to receive the same amount of medical attention regardless of their accommodation class:

In all things concerning the immediate purpose [of psychiatric confinement], that is things pertaining to medical treatment, such as the attention and consideration owed each patient and spiritual nurturing, there are to be no differences. These cannot be avoided regarding the provision of comforts and delights to which the wealthy are accustomed. But the less well-off will not experience this as a grievance but will recognize it as the order of things to which they are, by God’s wise council, subordinated.³⁹

³⁵*House Rules*, §104-105.

³⁶*Ibid.*, §102.

³⁷*Ibid.*, §132-133.

³⁸*Ibid.*, §130.

³⁹*Illenau*, 1852, p. 192.

Social class was inalienable at Illenau: poor patients fed the diet of the wealthy would have interminable indigestion, he argued, while rich patients made to sleep in the poor quarters would suffer permanent insomnia.⁴⁰ Attendants were instructed to address pensioners by their full titles and show them the cordiality befitting their social station even if they had been transferred to isolation cells on account of violent behaviour. Meyer, a trainee doctor at Illenau, observed during his apprenticeship that every patient was treated in a manner “appropriate to his class,” specifying that this comprised both physical comforts, e.g. “he enjoys the customary occupations, freedoms, and diversions,” and social comforts, e.g. “the company appropriate to his needs.”⁴¹

Accommodation class correlated with but was not solely determined by a patient’s social class outside the asylum. Class was an intrinsic property determined by one’s “*Bildung*,” that is, one’s education, personal development, and innate sensibility. Since class was a function of phenomenal, rather than social factors, the question of a patient’s accommodation class had to be de-coupled from the prosaic question of treatment fees. The *Gemüth* could have a class affiliation that did not correspond to a person’s financial means. The allocation of patients to treatment class was primarily a medical judgement. As Roller said:

The separation of patients into fee-paying and non fee-paying groups is to be condemned. There are patients who belong to the upper classes and are poor and, likewise, rich people in the lower classes. Wealth cannot be the sole, or even the main determinant of a patient’s accommodation class.⁴²

⁴⁰Roller, *Beziehungen*.

⁴¹Meyer, *Lemgo Bericht*, p. 95-96.

⁴²Roller, *Grundsätze für Errichtung einer Irrenanstalt, insbesondere der Heil- und Pflegeanstalt bei Achern in Baden*. (Mit einem lithographischen Plan.) Karlsruhe: Müller’sche Hofbuchhandlung, 1836, p. 99.

Patients who had finely developed sensibilities but no financial means whatsoever, or at least not sufficient to maintain the life style dictated by their delicacy, were allocated to the class of the so-called "distinguished ones." These patients were fully subsidized while still enjoying approximately the same room and board as pensioners.⁴³ The Illenau patient records reveal that impoverished members of the aristocracy and unemployed *Bildungsbürger* were the figures most commonly represented in this group.

A long passage from Meyer's report will reveal both the liberalism and limitations of Illenau's class system as perceived by a contemporary spectator. A comparison drawn in this passage between Roller's and Jacobi's views on class reveals that Illenau's class judgements depended almost entirely upon a patient's perceived degree of receptivity. Once a *Gemüth* ceased to be receptive to its environment, that is once its "temperature dropped," patients were placed in isolation cells, identically appointed, where they mingled with patients from all classes rendered spiritual peers by illness:

The strict separation of patients according to their social status (*Stände*) is a privilege of larger asylums. The upper class patients are shielded from meeting those of a lower class and especially from the sight of those who are entirely sunken and bestial. As soon as they become agitated or unclean or, sinking into deforming and disgusting insanity, come to disturb their neighbours, they lose these privileges and share indiscriminately rooms, cells, assembly halls and diversions with all classes. They continue, however, to be addressed with the formality befitting their former social status. Jacobi does not want to allow for such demotions and, consequently, made arrangements in his ideal asylum for patients in every class of illness to be separated by social status with two or three sub-divisions in each class so that Pensioners would be absolutely separated from workers...But if one follows Roller's principle of only separating patients by their social status until a certain point, if one assumes with him that the unclean, raging and delirious patients of the upper classes will not suffer any significant psychological damage from confronting their comrades in suffering from the lower classes of human society, then the separation of patients by social class, which is now recognized to be a beneficial classification, can even be realized in smaller asylums without inordinate costs...Another truly desirable arrangement realized to a greater extent at Illenau than at any other German asylum and to a greater extent in Germany than in any foreign asylum, especially in England, is that the class of the so-called Distinguished Ones, a class consisting of impoverished members of the upper

⁴³Roller, *Illenau*, 1852, p. 33

classes, are treated in almost every respect like the Pensioners. In England such an arrangement cannot be introduced because members of the upper classes only go to private establishments and the few existing state asylums are only for poor patients where they are randomly thrown together. Here, by contrast, I have encountered truly magnanimous generosity (*großherzige Liberalität*) on the part of the director and administration who make resources available for subsidies without measure or restraint...While I am on the topic, I must also mention another noble stipulation. Under no circumstances does the administration dip into the patient's capital. Before transferral the available income is assessed and the cost of treatment determined. If interest on the patient's capital does not suffice to cover the cost of treatment, then the parish or state will cover the additional costs. By this means the patient finds his resources in *statu quo* upon being released and, so, is protected from the great danger of relapsing due to the despair caused by finding their savings ruined, a circumstance that, perhaps the cause of the illness in the first place, would have befallen patients in the past and driven them to the asylum twice, thrice and many more times until they were finally delivered to the asylum with an incurable condition.⁴⁴

According to a comparative article on German asylums from the 1860s, Illenau was not the only German asylum to recognize the class of "distinguished ones."⁴⁵

An historical comparison of Roller's ideal of social order with that proposed by the first advocate of psychiatric medicine in Germany, Johann Christian Reil (1759-1813) will set off, in greater clarity, the practical ramifications of Roller's concept of *Gemüth*. This is a natural comparison to make since Roller's *Beziehungen* from 1831 is written as an extended dialogue with Reil's *Rhapsodien* from 1803 even though they had very different notions of how to organize an asylum community. Reil associated the healing powers of psychiatry with the personal charisma of the physician, while Roller located that power in the collective energy of a community. Their differences with regard to the physical dimensions of the institution are striking. Reil held that the asylum should have the form of a dairy farm, consisting of lots of little buildings; acute and chronic patients should be kept in separate institutions, and the curative asylum should never exceed a maximum number of twenty patients. By contrast, Roller envisaged the asylum

⁴⁴Meyer, *Lemgo Bericht*, p. 147.

⁴⁵*Irrenanstalten. Historische Dokumente zur Theorie und Praxis der Irrenhausarchitektur und des Irrenwesens im 19. Jahrhundert*. Edited by Helmut Ahlborn. *Vergessene Informationen aus Gesellschaft, Politik und Technik*, vol. 1. Kassel: Helmut Ahlborn Verlag, 1983, p. 18.

as one large complex, deemed the separation of curable and acute patients pernicious (see section on “Curability” in the Asylum Space chapter), and claimed an asylum should accommodate at least 400 patients.

With regard to the class system of an asylum, Reil thought men and women should be allowed to associate freely with one another and even recommended sexual stimulation and intercourse for curative purposes, conceding, however, that unwanted pregnancy would make the treatment more difficult to administer to women. Furthermore, Reil held that every patient should receive the same standards of room and board and dress the same. On his view, people suffering from mental illness will not be able to comprehend, and thus accept, social inequality. Feeling mistreated will impair the recovery of less advantaged patients. Illenau’s social order was, by contrast, deliberately hierarchical, although some patients enjoyed material advantages in the asylum which they did not have outside and others lost privileges to which they were entitled by rank. The complete suspension of social reality advocated by Reil is translated by Roller into a partial suspension of economic reality. The radical egalitarianism demanded by Reil is confined in Roller’s scheme to the egalitarianism of acute madness. Although the utopian thrust of Reil’s *Rhapsodien* was not entirely lost on Roller, it was tempered and redistributed. While the former was infused with the political ideals of the French Revolution, the latter was a *Biedermeier* utopia tailored to the political situation in southern Germany around 1848.

3.1.2.2 Shackles of Loyalty

In Hergt’s words, the purpose of psychiatric confinement was to ‘fix’ the patient’s *Gemüth* in an internal configuration that was conducive to sanity. Here it is useful to

picture the *Gemüth* not as an entity but as a set of inclinations. By changing the structure of inclinations, the inner core of a personality could be restored and, thereby, the patient's life course redirected:

A cure has occurred when we have not only strengthened the nerves and corrected the false conceptions, but when we have caused a change to occur in the innermost core of the personality which can have long-lasting effects insofar as it determines the whole outlook and future way of life...And then, when the hour arrives for cured patients, who have received some of the mysterious forces here, to return home they take this force with them. They return to their former circumstances, but they have become others in their thoughts and their outlook upon life, in their motivations and actions. A different spirit has assumed mastery of their personality and directs their life down different channels.⁴⁶

In this passage Hergt associated the recovery of health with the patient being overtaken by a "different spirit." The spirit he invoked was akin to the holy spirit except that it was forged by the configuration of asylum life and funnelled by physicians into the souls of patients. This is a secularized Christian impulse under the stewardship of a new priestly cast trained as psychiatrists.

An article "On Loyalty" which appeared in the *Illenau Weekly* in 1874 elaborated how the soul could be "fixed" in a state of health. The article defined 'loyalty' as a state of being which "constrains and dominates" the *Gemüth* without, however, being experienced as a "negative burden." The influence of loyalty was imperceptible to consciousness because it grew out of the "self-binding" of the *Gemüth* away from the self towards, as Hergt says, "God, Friends and the Fatherland." This self-binding of the *Gemüth* consisted in the directing its inclinations towards the outside rather than the self.

I think we come closer to understanding the nature of loyalty if we take it to be the self-binding of the *Gemüth*. The *Gemüth* which is otherwise such a moveable thing, which follows every impulse and is easily thrown to and fro, chooses to settle in a fixed state (*Fixirung*), after which point it continuously recognizes an undeviating dependency upon certain forces. Loyalty has the character of permanence, in fact it should be emphasized that permanence is part of its definition. By contrast, variability is, on the whole, the essence of the *Gemüth*. Feelings, inclinations, moods vary. What remains constant throughout these changes is a loyalty to certain forces. Through the

⁴⁶Beck, *Illenau*, p. 94.

self-binding of the *Gemüth*, it turns itself away from the own I and turns instead towards God, friends, the fatherland etc. Loyalty is inimical to selfishness. "Away from the I!" is its slogan...The *Gemüth*, previously mutable, is fixed by loyalty in an antiegotistical direction and, from then on, continues to exercise its influence in that direction.⁴⁷

The notion of fixing the *Gemüth* would, at first, appear to agitate against the dynamic, variable state of the healthy *Gemüth* discussed thus far. Yet loyalty changed the composition of the *Gemüth*'s inclinations so that there was no opposition between that which was conducive to the collective good and that which was conducive to the personal good. As Christian Roller said, the movements of *Gemüth* never originate from a sense of 'duty' (*Pflicht*) but only emanate from inclination (*Neigung*).⁴⁸ Through coming to be habituated to the rhythms and sensations associated with the environment on each ward, the patient's *Gemüth* was to be fixed according the parameters governing his or her immediate community. Roller was convinced that this fixing of the patient's personality could only occur in an asylum and not, for example in the family where advocates of the "familial system" believed that psychiatric care should be located:

The formative power which resides in this order, and to which all must submit themselves equally, also exercises a force over reluctant patients, a force that is both coercive and conciliatory and the likes of which does not exist in one's own home, in the circle of the family, because there everything can seem to be directed against the individual and thus quickly provokes bitterness and resistance.⁴⁹

The therapeutic ordering of experience was, according to Roller, innately "coercive and conciliatory." This invocation of a force which constrained the soul by enlisting its compliance was central to the practices designated by aesthetic reeducation which sought to stimulate the *Gemüth* without, thereby, increasing the patient's self-consciousness. A

⁴⁷IW, Nr. 29, 1874.

⁴⁸Roller, *Gemüth*, p. 29.

⁴⁹Roller, *Illenau*, 1852, p. 208.

major obstacle to the influence of loyalty over the psychological balance of an individual was, according to the *Weekly* article, the critical faculty of the soul:

Loyalty appears to be in an irreconcilable contradiction with another very important and, when used in the right way, very corrective faculty of soul: that is with critique. In a state of loyalty the *Gemüth* binds itself completely in a relationship of external dependency. But critique is pointed in the opposite direction because it is practiced by our sovereign intelligence which feels and acts more or less independent and which orients itself within ourselves as if from the outside against the values towards which we have committed our loyalty. In forming critique the dear I, that is to say the subjective opinion, assumes prominence. But the contradiction is nevertheless only apparent. Real critique is after all based on the pursuit of truth and the desire to recognize the same and bring it to the light of day. And when practiced in this respect critique is essential and full of blessings. This is the foundation upon which critique can get along with loyalty. After all, loyalty is ultimately based on the desire of the *Gemüth* to arrive at the truth and to generate the true ideal personality.⁵⁰

The individual *Gemüth* could help mediate between the requirements of loyalty and the critical faculty since the ultimate aim of each was to “arrive at the truth.”

In the management of *Gemüth*, every change in state at the individual level entailed a corresponding change in state at the collective level and vice-versa. There was no independent order of being for the *Gemüth* at either end of its spectrum of manifestation. The “tender stirrings of *Gemüth*” which Roller identified as being the focus of the asylum had ramifications throughout the social order with which members of the asylum population were psychologically identified. The more flexible a person’s *Gemüth* was, the more it required the stabilizing foundation of loyalty. In order for that loyalty to take hold and constrain the individual *Gemüth*, it also had to ground the collective *Gemüth*. It was not possible for individuals to find an anchoring, to fix their *Gemüths* in a state of loyalty, if the collective *Gemüth* in which they participated was not similarly fixed. The production of compatible loyalties imparted to the collective *Gemüth* that diffuse, balanced and placid structure that was associated with sanity by Illenau

⁵⁰“Treue.” In: IW, 31, 1874.

physicians. This meant that within the doctrine of *Gemüth*, the concept of sanity was defined in global terms. Although Illenau physicians were ostensibly treating individual patients they could not effect the restoration of the individual *Gemüth* in isolation of the restoration of the collective *Gemüth*. A long passage quoted from the *Weekly* article will illustrate how these ideas were formulated for the asylum community:

We frequently hear it said in the German lands by German poets and other people that we Germans are an especially loyal Volk and that, of course, sounds very pleasant to us. But it still remains to be asked whether the claim is justified. We must abstain from lifting ourselves in self-satisfaction above other Volks. The danger of doing so is not exactly great due to the annoying German habit of admiring the foreign as being more exquisite than the local. Let us assume, however, for the time being that loyalty is indeed something that is available in an especially large degree in Germany. Then we must ask: Is this not perhaps a means of compensating for other traits with respect to which the German Volk is somewhat less privileged? We Germans have less creative power than other people, especially the French and Italians. They have much more sense for the unity that finds its clearest expression in the centralized state. We Germans are dominated by our dynamic *Gemüth* and our inclination to express our individual specificity. In addition, there is the further German peculiarity inclining us to examine from first principles all questions which pertain to the individual configuration of our *Gemüths* so that despite our great difficulties with forming objective judgements we cannot rest until we have resolved those questions. We have no sense for sticking to a formula and settling for a conventional solution. Given this fact it would have been impossible for us Germans to come together as a single state and to fulfil our national purpose if our ever so flexible and contrary German *Volks-gemüth* had not bound itself in certain directions despite itself. In short, we must comprehend our true loyalty towards ourselves in the same terms at a national level as at the individual one: the challenge is to realize loyalty towards an ideal picture of living German volkishness in action. German loyalty does not simply demand our national duty it is itself fulfilment of the same.⁵¹

Both the individual and collective *Gemüth* were, according to this article, in a state of health just in case they were constrained by an aspiration for cohesive integrated experience which is described as “the true ideal personality” or “an ideal picture of living German volkishness in action.” This ideal conception of an integrated psychological purpose permeating the *Gemüth*, and concomitantly experiences generated by the same, was perceived to be the source of loyalty which could fix communal interaction in forms

⁵¹Ibid.

simultaneously enlisting the compliance of individual members of the community in question.

Borrowing the musical metaphors permeating the asylum literature, we can picture the asylum universe as a chord comprised of different notes generated by the life on each ward. The individualizing method explains how the separate notes of the chord were generated. It does not, however, explain the forces which compelled these notes to be attuned to each other and to generate a euphonious sound. To understand the forces which held the separate notes together it will be necessary to examine the collectivizing tendencies of asylum life.

3.1.3 Creating Unity

The “Illenau community” was a named entity of whose existence and formative power Illenau physicians had no doubt. As Schüle said, “Who amongst us has not felt the influence of the Illenau community (*Illenauer Gemeinschaft*) a hundred times over in times of joy and grief?” For the asylum’s twenty-fifth anniversary, Roller called the Illenau community a “magic wand” against which “large obstacles vanish and whose power is not understood by those who think they can separate themselves from the whole and draw a circle around their own activities without cultivating relations beyond.” The inner life was sustained by the “familial homeliness, in which every person finds a home and a world appropriate to his needs.” This was not family in the sense of a biological family but a family of kindred feeling that could comprise populations of almost any size.⁵² In Roller’s words, the “Illenau community can no more tolerate Partikularism than

⁵²An article discussed the asylum as an alternative kind of family, see: “Was heißt es: wir vertreten die Stelle der Angehörigen.” *IW*, Nr. 51, 1872.

our German fatherland.” Partikularism (*Partikularismus*) was an allusion to the highly charged political debates surrounding the question of German unification.⁵³ Schüle attributed the cohesiveness of the Illenau community to a general “capacity of being together with one another and available for one another” (*ein Miteinander und Füreinander sein*).⁵⁴

Such feelings of “familial homeliness” cannot, however, arise on their own; something in the structure of the asylum must create them. The following sections will examine how Illenau physicians stimulated this capacity for a distinctly Illenau-style of togetherness by means of an in-house journal, the *Illenau Weekly* and the cultivation of religious feeling.

3.1.3.1 The *Illenau Weekly*

The *Weekly* was inaugurated in 1845 as a hand-written pamphlet for circulation in the asylum. In 1867 it was reissued in a printed format for circulation on a larger scale amongst members of the Illenau population, their family members outside, other asylum communities and psychiatric practitioners.

The *Illenau Weekly* can only have the purpose of functioning from within Illenau for Illenau and its circle; what it features must have a relationship to Illenau and further its interest near and far.⁵⁵

The journal’s format varied between four and eight pages in length and was divided into three main sections: articles on assorted topics, a “Chronicle” of recent events (*Chronik*),

⁵³Partikularism described a political attitude which defended regional interest over national interest and suggested a thread of political fragmentation. It came into circulation during the 1848 revolution but was not a term embraced by any political faction to describe its own interests. It was used as a term of abuse to designate the position of others. “Partikularismus.” In: *Geschichtliche Grundbegriffe. Historisches Lexikon zur politisch-sozialen Sprache in Deutschland*. Edited by Otto Brunner, Werner Conze, Reinhart Koselleck, vol.4, p. 735-766.

⁵⁴*Festschrift zur Feier des Fünzigjährigen Jubiläums der Anstalt Illenau*, 1892, p. 22.

⁵⁵IW, Nr. 1, 1868.

and the so-called “Letter-box” (*Briefkasten*). The editors heralded the *Illenau Weekly* to be the only publication of its kind in Europe. In 1874 they came across a similar publication entitled: “*Bollettino del Manicomio Provinciale die Ferrara*” which was issued monthly.⁵⁶

The articles featured miscellaneous topics, anything from fictional stories to war reports, deemed to be of general interest to the Illenau community and producing a wide range of affective responses in the reader. In order to present a selection of topics every issue, articles usually appeared as serials. One difficulty facing the editors was finding a selection of articles which would be suitable for both the mentally ill and healthy readers. This “dualism” can not be avoided, the editors wrote, but “that which is written for healthy readers is not going to prove detrimental to the patients and that which is written for patients is also of interest to healthy readers.” One rather peculiar article which, in the opinion of the *Weekly*’s editor, successfully straddled this duality was an article on the non-existence of the colour blue allegedly written as a satirical response to a philosophy lecture given at the asylum; the non-existence of the colour blue continued to run as a red thread through later issues.⁵⁷

The Letter-Box linked the world inside the asylum to the world outside. It reported the welfare and progress of individual patients to their family members outside by means of a coded system of messages which ascribed to each patient a unique number. Having been told the number of a patient, families were able to follow the progress of treatment from reports in the *Weekly*. The reports read as follows: “12 still screaming,” “64 feels much better and has started eating again” and “3 no change.” According to the

⁵⁶IW, Nr. 10, 1874.

⁵⁷“Kein Blau mehr.” In: IW, 22, 1867.

Weekly's editors, the service provided by the Letter-box was of their own invention. The Chronicle section provided a point of contact between the different accommodation classes within the composite asylum world. It announced individual birthdays, said farewell to convalescent patients, wished attendants taking holidays a happy vacation and published excerpts from letters by outsiders. All forms of news or edifying gossip regarding individual members of the asylum population were reported in the Chronicle. By this means, patients from the various accommodation classes caught glimpses of life on wards to which they did not belong.

The *Weekly* acted as a unifying force in the simple sense that it was a product of the combined labours of Illenau inhabitants from every social and professional position. Featuring contributions by doctors, employees, patients and interested outsiders, it documented asylum life from every perspective and vantage point at Illenau. The patient records of Albert Curta contain illustrated copies of the Christmas editions of the *Illenau Weekly* for several years (see pictures below).⁵⁸ Whether these illustrated copies document the idiosyncratic work of a temporarily deluded member of the *Weekly's* staff or whether, perhaps, a special Christmas edition was published is unclear. The handwritten issues certainly resemble the official published *Weekly* in lay-out and style. When asylum officials tried to boost circulation of the *Weekly* by advertising that "patients" participated in its production and shaping its contents, the local press went to town with titles such as: "Well, that's quite a recommendation!". The *Weekly* editors replied with an article saying that those working in the main press were clearly not going to be requiring the services of Illenau since one "can only lose one's mind if one has one."⁵⁹

⁵⁸PR: Albert Curta, 1868.

⁵⁹IW, Nr. 4, 1872.

Despite these multi-faceted contributions, the final form of the *Weekly* was determined by Illenau's medical staff, particularly Hergt who served as the main editor from 1870 to 1879. Hergt was supported by Christian Roller, who was also a physician.⁶⁰ To appreciate the significance of this role's being occupied by Hergt, it will be necessary to say a few words about his psychiatric career and literary output. Hergt never produced a comprehensive textbook of his approach to psychiatry and only published two articles on his therapeutic approach in the *Allgemeine Zeitschrift der Psychiatrie*.⁶¹ The reason cited by Schüle, his student, was that Hergt did

⁶⁰IW, Nr. 12, 1879.

⁶¹Schüle and Krafft-Ebing wrote the two leading psychiatric textbooks of the 1870s and 1880s. Both textbooks drew from a pool of disease profiles of patients confined and treated at Illenau. Both books portray patients and their illnesses in terms of Hergt's descriptive methods and thus the pedagogical and practical psychiatry of Illenau came to be replicated in classrooms all around Germany. But, more importantly, the experience of madness as evidenced in Illenau patients established norms of illness and deviance in the minds of young medical graduates. Fischer, Max Fischer, "Richard von Krafft-Ebing". In: *Badische Biographien*, p. 317-325, p. 322. Thus, Hergt's training, filtered as it was through Schüle and Krafft-Ebing, exerted enormous influence on German psychiatry.

Figure 8: Illenau Weekly, Christmas 1867, Albert Curta

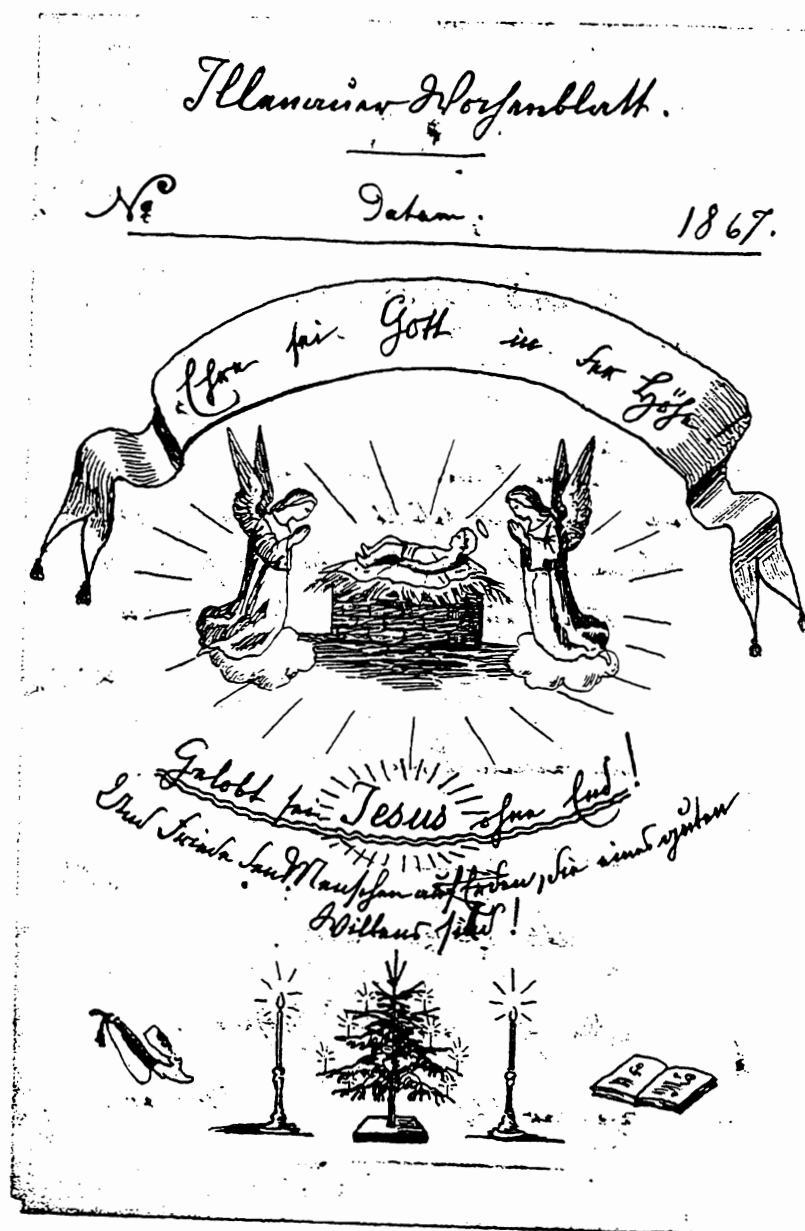


Figure 9: Illenau Weekly, Christmas 1868, Albert Curta

Illenauer Wochenblatt.

Nro 2. Freitag den 5. Januar 1868.

Zur Hofeinnahme *)
der Kaiserin? Gailige 3 Könige!



Göttliches Jesuskind!

In diesem feierlichen Augenblicke der 3 Könige wird dem
Lichte der Hoffnung Jesu Christi verkündet, daß der unsterbliche
Gott der Welt ist.

Die göttliche Jesuskind!

Einem tiefen Gefühl der Dank für den freien Frieden, Glückseligkeit.
Anbeter zu bringen, das ist die erste der feierlichen Anweisung.

*) Von einem kleinen Ansehen.

Es wurde auf einem Blatt Nro 10. vom 28. Febr. 1867 veröffentlicht.

not have time to publish because he was so preoccupied with *doing* psychiatry that he did not have time to *write* about it. Given his formative influence on the Illenau School, Hergt's publishing reticence is widely lamented in the secondary literature. Commentators have failed to observe, however, that Hergt left an enormous body of literature in the *Illenau Weekly*.

In light of his devotion to the practice of psychiatry, it seems surprising that he would have taken on the onerous task of serving as head editor of the *Weekly* for nine years. Hergt only delegated his position as editor when, upon Roller's demise, he became the second director. Until that time, he insured that the *Weekly* was maintained at significant personal sacrifice and financial cost to the asylum, since the journal could not sustain itself from subscriptions alone and was dependent upon subsidies from the asylum administration. Hergt evidently perceived the *Weekly* to be an instrument for furthering his therapeutic ends. Instead of using words to write about his treatment methods in psychiatric articles, Hergt used words to treat his patients; words were his physic. For one thing, Hergt relied on words for the channeling of his own *gemütlich* responses to patients which were integral to his therapeutic efficacy. The medical notes Hergt kept on his patients are not only exemplary case studies, they also served as a form of mental discipline and spiritual exercise through which he learned to channel his psychiatric responses according to the changing needs of his patients (the distinctive style of Hergt's medical case notes will be discussed in the last chapter).

A less obvious but equally important sense in which Hergt used words as physic was in his capacity as editor of the *Illenau Weekly*. Being editor enabled Hergt to influence the structures of daily lived experience: to shape Illenau's communal memory, arouse anticipations for upcoming events, pass judgement on past events, determine the range of affects to be triggered by every issue and, in short, cajole the collective *Gemüth*.

With respect to the reporting of festive events, for example, the *Weekly* could be used to build a sense of excitement and anticipation before the arrival of the event. These were states of *Gemüth* which, by Christian Roller's theory of *Gemüth*, would, in turn, intensify the perceived experience of the event when it occurred. Hergt said that rousing anticipation was one of the journal's central purposes:

The *Weekly* was created in order to prepare the *Gemüths* for upcoming events and we think it is fair to say that it has realized this goal.⁶²

Elsewhere he described the journal as a mood regulator bringing joy, relief, comfort and sympathy to readers wherever they were:

So off you go, Illenau little child; wherever you arrive for the new year bring a "God be with you" and then become a weekly guest. Go to the dear patients and request a friendly hearing of your advice. Do not neglect all of those who work in and for Illenau and encourage them to be serious, loyal and patient. And when you go to homes outside where deep suffering dwells because a cherished member of the family has succumbed to illness, there be a messenger of comfort and hope. Help those who have been released and are enjoying their return home to appreciate the valuable asset of regained health and not to forget what they have learned here. To all who feel friendly and well-disposed towards Illenau, whether they be high or low, near or far, bring a salute and an honest handshake and cultivate the Illenau community in the appropriate spirit.⁶³

The *Weekly* was an organ for encouraging collective forms of experience and, literally, stimulating *Gemüth*.

The first issue of 1867 furnished a comprehensive statement of its purported use for collectivizing experience:

It fulfils a need for a community as a whole. There are certain spiritual forces which bind a communal configuration (*Gemeinwesen*) such as ours together and which endow it with the strength to exercise a formative influence. We want to call these that which binds and uplifts (*bindet und erhebt*). Above all else our community requires unity, united concerted action of the various forces and skills with which it is endowed. Without these no communal configuration can persist and certainly none as strangely configured as ours. This little publication wants to contribute towards unifying the concerted forces of all who are employed by the asylum and to serve all that tends towards fostering the Illenau community...and especially the spiritual powers,

⁶²Roller, *Zeitfragen*, p. 98.

⁶³IW, Nr. 1, 1868.

the ones that are of such issue to Illenau employees, the binding and uplifting ones, we also want to foster in the patients who have been given into the care of this house.⁶⁴

Hergt did not describe the *Weekly* in terms of explicitly medical jargon such as calling it an instrument of healing. Yet given its power to channel *Gemüth* and given that the channelling of *Gemüth* was at the heart of the Illenau School, there can be no doubt that Hergt's editing the *Weekly* was a directly psychiatric occupation. It constituted yet a further means of regulating the psychological quality of asylum life and administering the "experience drug" to patients. During Hergt's editorial tenure, the Chronicle section of the *Weekly* – the section specifically dedicated to representing the community as a community – swelled to unprecedented proportions never again equalled under later editors. This is not surprising, since the affinities existing between *Gemüths* grounded the operations of the collective *Gemüth*. Moreover, the tone of the journal was sentimental and feelings-oriented, a style of journalism which could be described as a reportage of sensibility. The topics of articles were chosen to elicit a wide range of affective responses in the reader. A striking number of articles were dedicated to a detailed dissection of events in terms of the feelings they generated. Concerts, trips and the quality of the weather were regularly anatomized in this fashion. Such articles were an invitation to the reader to be receptive to the life of the senses or, in other words, to cultivate *Gemüth*.

As evidence of the vitality of Illenau's *Gemüth*, it is worth noting that the *Weekly* inspired its own satirical commentary. Rudolf Junge,⁶⁵ a patient, circulated a hand-

⁶⁴IW, Nr. 1, 1867.

⁶⁵PR: Rudolf Junge, 1855. Junge's medical records show that he returned to the asylum for several short stays lasting from a few months to several years. Under normal circumstances, Junge would not have been transferred to Illenau. He lived in Prussia, had no independent means and should have been confined in an asylum near his home. The Illenau administration had to submit petitions to the Baden government for his continued residence and transferal to Illenau. Junge's adoption by Illenau officials, as a consequence of his extracurricular activities, shows how patients could, by virtue of their personalities and their contributions to asylum life, come to be valued as assets to the Illenau community. See: GLA Abt 233/4198. A similar case is the patient Josepha Gulde who lived at the asylum from 1855 onwards and became a central figure in the communal life of the institution. Hardly an event passed at Illenau without

written journal within the asylum entitled the *Illenauer Schwätzer* (*Illenau Twaddler*, see picture below). The *Twaddler* commented upon the entries in the *Weekly* and the *Weekly* commented upon the entries in the *Twaddler*. Like a Kleistian conversation between individual *Gemüths*, this was a conversation conducted between two ends of a collective *Gemüth*. Whenever a new issue of the *Twaddler* came out, the *Weekly* would print a commentary to the effect of “our *Twaddler* has once again wagged its tail.”

Junge poked fun at the forms of experience advocated by Illenau physicians ridiculing everything from nature walks to the demeanour of doctors, from festive occasions to the tone of the *Weekly*. Well aware that these aspects of asylum life were directly associated with a commitment to the doctrine of *Gemüth*, Junge proceeded to banish *Gemüth* from his own publication:

Nr. 1 The Illenau Twaddler. Paper without spirit, without *Gemüth* and also without circulation; only issued for the government and the ministries and published without any permission yet in reliance upon the saying “One fool finds many” which is why it expects to receive a favourable response. All responsibility belongs to the editor, Dr. Rudolf Lad. Motto: *It only so it, qui mal y pense!*⁶⁶

Josepha reciting a poem specially composed for the occasion. In the *Weekly* she is invariably referred to by such phrases as “our Josepha” and “our house muse.” PR: Josepha Gulde, 1855.

⁶⁶This is the motto of the Order of the Garter: “Evil to him who evil thinks.” Communicated by: Lorraine J. Daston. Quoted from: Handwritten copies of “Der Illenauer Schwätzer.” In: PR, Rudolf Junge.

He listed the *Twaddler's* head quarters as being "Illenau, Region Achern, Province Irrland." In German the word "Irrland" spelled with one 'r' means "Ireland," but spelled with two 'r's it is a pun on the word 'irre' (mad) and means "Madland." This choice of address implied that the world in which he wrote his satirical journal, the world of the asylum, the world premised on the movements of *Gemüth*, was a mad world.

The *Illenau Weekly* was a prime expression of the therapeutic ideals which governed psychiatric practice at Illenau during the Roller-era. Its cancellation in 1897 marked the final erosion of those ideals as grounded in the theoretical and phenomenal framework of *Gemüth*. Initially, the journal was to be closed for only a short period until a new editor could be found. Yet five years later there was still no replacement. Instead, an official house diary was inaugurated for documenting the "joy and grief" of asylum life.⁶⁷ The private character of this house diary contrasts sharply with the public character of the *Illenau Weekly*, illustrating that the very notion of experience had been transformed from being that which Illenau physicians employed for treatment purposes to being the mere concomitant of chronological events which followed their own course and, therefore, needed merely to be reported.

3.1.3.2 Religious Mentoring

Religion served didactic purposes at Illenau, as evidenced by a series of short stories featured in the *Illenau Weekly* entitled "Pictures from Illenau." These stories served as symbolic carriers of Christian lessons on the proximity of madness and immorality. They recounted the fates of such characters as "The Poor Woman on the Cliff,"⁶⁸ "Agnes, the

⁶⁷*Haus Chronik* 1903-1940, GLA 65/11731.

⁶⁸IW, Nr. 2, 1867, ff.

Princess”⁶⁹ and “Anton, the Musician,”⁷⁰ characters who had had ambitions above their station in life. Driven away from God by their conflicting passions, they are driven into madness only to regain sanity with the recovery of their faith.

Yet this didactic use of religion was not the primary function of religion in Illenau’s curative regime. The appeal of religion from the perspective of an Illenau physician was its ability to influence the structure of experience. Unlike the aesthetic and social determinants of experience, over which physicians could exercise direct control, the religious determinants of experience belonged to the realm of the unknown and were more accessible to chaplains than physicians. For psychiatry to be attuned to *Gemüth* in every last one of its “tender stirrings” required the assistance of the religious mind. As a consequence, the collaboration between the medical and religious members of staff at Illenau was different in kind from the collaboration with architects, music instructors, gymnastics instructors. While the latter simply applied the medical directives of the physician in their respective fields of expertise, the former helped shape the medical directives themselves. The special status of religion was, for example, reflected in Roller’s conception of the ideal asylum design (see the section on “The Church” in the chapter on “Asylum Space”). Chaplains belonged to the inner core of Illenau’s medical staff; they participated in the doctor’s conferences, accompanied the physician on medical rounds and augmented the descriptive, diagnostic and therapeutic practices of the physician in religious terms.⁷¹

⁶⁹IW, Nr. 23, 1867, ff.

⁷⁰IW, Nr. 12, 1868, ff.

⁷¹Meyer, *Lemgo-report*.

At Illenau physicians and chaplains formed a symbiotic professional relationship. They joined forces in reducing the egotism of the individuated subject and balancing *Gemüth* so that it could provide a smooth surface for reflecting the eye of God. Within this professional relationship the distribution of responsibility was roughly that physicians individuated *Gemüth* by ordering experience while chaplains collectivized *Gemüth* by unifying experience. Although physicians also collectivized and chaplains also individuated, this distribution captures their respective professional orientations.

According to Roller, the main function of Illenau's chaplains was to fashion the asylum population into a congregation of souls encompassing the entire asylum population regardless of differences of sex, class, curability or professional status. Upon the death of first Protestant preacher, Roller wrote:

His main skill lay in his ability to comprehend all inhabitants of Illenau, the healthy ones, officials, employees and patients as forming a single Christian congregation which he served in the regular fashion although modifications were necessary in comparison with the manner in which Christian congregations are served in general.⁷² He carried in his heart the apostle's vision of the Lutheran mission in which the congregation is intimately bound together with one's personal life, abilities and responsibilities.⁷³

Religion created a common denominator of experience by encouraging a uniform kind of religious sensibility that could even transcend denominational divisions. Illenau kept both a Protestant and a Catholic chaplain employed full-time. Although Roller was Protestant, his closest medical colleague, Hergt, was Catholic. This union of denominations was to be carried forth throughout the asylum community. In Roller's words:

Catholics and Protestants sleep together in a single hall, they eat at one table, the attendants from both confessions pray for Protestant and Catholic patients and say grace for meals and in the evening.⁷⁴

⁷²Roller, *Illenau*, 1865, p. 13.

⁷³*Zur Erinnerung an den selig entschlafenen Ernst Friedrich Fink, Doctor der Theologie und evangelischen Hausgeistlichen zu Illenau im Großherzogthum Baden*. Heidelberg: Karl Winter Verlag, 1863, p. 5.

⁷⁴Lötsch, *Anfänge*, p. 23.

Although religious services were separate, they were conducted in a single church that was inaugurated by a single ceremony:

Inaugurating the church on two separate days would have enormous disadvantages for our asylum. The church is a dual-confession church (*Simultankirche*). The inauguration for both of its functions should occur at the same time. We have only ONE church, so we also want to have ONE day for the inauguration, and ONE ceremony for the asylum. We cannot celebrate twice separately.⁷⁵

In point of religious feeling, unlike aesthetic feeling, all patients could aspire towards equality. While seeking to build an ecumenical community, the individual needs of patients continued to be recognized. A Rabbi who visited the asylum once a week provided religious guidance for Jewish patients.

The religious tolerance practiced at Illenau stood in sharp contrast to the religious strife in German history culminating in the so-called *Kulturkampf*, which lasted until the 1870s. The political struggles between Catholic and Protestant groups in Germany lead to the partitioning of the country into separate zones under the nearly exclusive control of one denomination or the other. This partitioning of religious power in the German territories led to internal migration with Protestants and Catholics collecting in separate communities. The territory around Illenau, for example, contained not a single Protestant ministry; in fact a "Pfarrbann" forbade the activities of Protestant chaplains.⁷⁶ With the opening of Illenau, Protestant church services became available in the region for the first time. Local inhabitants disparaged the Illenau asylum as a Pietist sect.⁷⁷ These suspicions were warranted since, as the preacher and historian Gerhard Lötsch has recently demonstrated, the strong Protestant presence in the region today grew out of the activities

⁷⁵Ibid., p. 22.

⁷⁶Ibid., 94.

⁷⁷Lötsch, *unpublished manuscript*, p. 20.

of the asylum which offered the first Protestant services.⁷⁸ These services were the only exception to the stringent house rule that the asylum be closed to the public at all times.

Given the sectarian divisions within the region, it is surprising that Illenau could have been erected at all. But, as a medical institution, the asylum was ostensibly non-religious. It was also under the immediate protection of the ducal family, which was Protestant and therefore had a special interest in seeing the asylum located in the Catholic heartland of the duchy. Although Illenau's considerable political protection yielded financial resources and administrative support, it could not shield the asylum from being subject to the Catholic authorities in its region. While trying to put the religious provisions for the asylum into place, Roller encountered frequent opposition from the Catholic elders who felt uneasy about allowing a Catholic priest to work under a Protestant asylum director. The first candidate of Roller's choice was Xavier Klihr who, the Catholic officials alleged, was selected for being "an inexperienced and meek man who will not be able to mount a persuasive defence against the formidable Protestants employed at the asylum."⁷⁹ Protestant chaplains at Illenau were not given the full rights associated with their training and religious office. They were not, for instance, allowed to officiate religious rituals outside the asylum. They had to apply for permission with the Catholic authorities to perform a wedding service or burial in the general community.⁸⁰

Roller deemed the psychological insight of chaplains to be indispensable to psychiatric practice because it furnished a further perspective from which to observe the heterogeneous composition of *Gemüth*:

⁷⁸Lötsch, *Anfänge*.

⁷⁹Lötsch, *unpublished manuscript*, p. 10.

⁸⁰*Ibid.*, p. 27.

The participation of the clergymen in the guidance and treatment of patients provides them [the doctors] with an excellent opportunity for manifold observations from the perspective of psychologists which should not be neglected in doing this science. It is, without a doubt, of tremendous interest to the doctors, who are by their entire formation lead to keep their eyes on the description of mental symptoms from the perspective of somatic disorders, to have by their sides highly trained men who are especially versed in psychology and who devote themselves exclusively to the asylum. These men can make it their main task to comprehend the diverse mental illnesses from their origins throughout the course of the affliction, to follow them in their manifold developments and aberrations impairing all soul faculties and to trace them solely from the perspective of a psychologist. They are, therefore, able to comprehend the picture of the illness solely from this perspective without having to consider somatic factors and then share their findings [with the doctor] for the sake of science and progress.⁸¹

Moreover, Roller noted, some patients confided more readily in their religious mentors than their physician. Besides providing pastoral care and psychological insight, the religious officers were also responsible for training attendants.⁸² Long before a formal school of nursing opened at Illenau, the chaplains devised a semi-formal one year training course. A pamphlet on the subject of psychiatric nursing encouraged employees “to sacrifice yourselves on the cross of your suffering patients.” Asylum work appealed to religious orders, such as *Diakonissinnen* and *barmherzige Schwestern*, who frequently volunteered at Illenau. Interestingly, Roller was uncomfortable about accepting their services which led to a conflict of institutional loyalties:

rigidly organized religious orders do no fit into the organism of the asylum, especially not one with mixed confessions.⁸³

Far better, Roller argued, was for Illenau attendants to constitute their own religious order without the habit. In his words, we have many attendants who “if they had a habit would seem like honourable members of a religious order.”⁸⁴

⁸¹Roller, *Zeitfragen*, p. 72.

⁸²Roller, *Illenau*, 1865, p. 16.

⁸³*Ibid.*, 1865, p. 24.

⁸⁴Roller, *Zeitfragen*, p. 61.

Religious knowledge did not merely assist Illenau's psychiatrists in their medical practices it also served as a model for administering psychiatric therapy. The relationship between individuals and God as mediated via religious mentors was not unlike the relationship between patients and sanity as mediated via a psychiatrist. The process of restoring sanity in those afflicted with mental illness was a process of secular salvation. The Illenau School of psychiatry was essentially a Christian impulse perpetuated through institutional medicine and, like Christianity, there were many possible ways of organizing the triangulated relationship that was to produce the spiritual transformation of patients. With respect to actual religious devotion, Roller and his colleagues sought to create a form of religious devotion that could encompass and unify sectarian divisions. But with respect to the medicalized Christianity implicit in psychiatry, sectarian divisions re-surfaced in altered form. Mental illness rendered individuals incapable of determining their place in the world and, so, forced them to rely on external cues and authority for guidance. Individuals afflicted by mental illness required a form of psychiatric guidance that was akin to the Catholic relationship to God whereas individuals who had recovered their sanity possessed a frame of mind that was more comparable to the Protestant relationship with God.

The *Illenau Weekly* ran a long article series entitled "A Catechism for Patients" (*Ein Kranken-katechismus*) spelling out the forms of thought and experience which would prove conducive to sanity. A catechism is a set of precepts and doctrines used in the Catholic faith as a means of renewing and strengthening one's faith in the immanence of God's presence. A central difference between Catholicism and Protestantism is that the former relies on such catechisms formulated within the context of organized religion while the latter presumes that individuals establish their own covenant with God. Since patients were not in full possession of their mental and spiritual faculties, they were not

able to follow an independent path for achieving a state of spiritual balance. The Illenau Catechism recommended that patients be sensitive to their physical and social environment while always seeking to sustain and improve that environment by their own efforts. The Illenau Catechism also promised that patients would continue to be part of the Illenau community even after they had left the protected world of the asylum. By writing a patient's catechism, Hergt, the probably author of the piece, was not merely drawing on religious language he was revealing that, from the perspective of Illenau physicians, the patient's relationship to sanity was cathologized by illness.⁸⁵

From the perspective of a patient, religion could serve as a source of strength in battling against mental illness. A patient known as "the poet in E1" argued, for example: In my opinion "as person who is actually ill" every mental illness consists of two illnesses a physical ailment and a concomittant spiritual ailment. With the help of the asylum, and God, he claimed, it is possible to separate the the two from each other. "When the physical ailments forcefully knock at my head, they do not receive permission to enter. Instead my head grinds them on the mill stones of Christian patience and joyous obedience (*seinmahlenden Mühle der christilichen Geduld und fröhlichen Gehorsams*)."⁸⁶ The notion of pulverizing mental illness on the mill stones of Christian patience reveals a slightly different side of *Gemüth* than the ones discussed in previous sections. Instead of conjuring the picture of a dynamic *Gemüth* which absorbs aesthetic impressions and is itself synthesized in social interaction, this patient identified the religious dimension of *Gemüth* which placed its faith in God. The sensations aroused by the religious aspects of

⁸⁵"Ein Kranken-katechismus," IW, 3, 1876.

⁸⁶IW, Nr. 49, 1871.

Gemüth were not necessarily pleasurable since they originated in an other-worldly source and thus could not be measured by the standards of aesthetic judgement.

To illustrate the complimentary character of religion and medical practice at Illenau, it will be helpful to look in detail at the work of the asylum's first Protestant preacher, Ernst Fink (1806-1863). Fink was the epitome of the asylum chaplain as envisaged by Roller; he had extensive training in philosophy, especially natural philosophy, and was a particular devotee of Schleiermacher, who allegedly determined his whole theological outlook.⁸⁷ According to Ehrenfeuchter, Fink's brother in law and main biographer, he had also been influenced by Hegel's *Phänomenologie* and *Logik*, Johannes Müller's *Allgemeine Geschichte*, Herder's *Metakritik*, Stephen's *Anthropologie und Carricaturen des Heiligen*, Fichte's *Reden an die deutsche Nation*, and Kant's *Kritik der reinen Vernunft*.⁸⁸ At university Fink was a fervent supporter of the idea of fraternities (*Burschenschaften*), especially their ability to forge communal cohesion around a shared set of values and practices, and published a journal in their defence entitled "Teutoberg."⁸⁹

Throughout his career at Illenau, Fink compiled notes for a philosophical encyclopaedia in three parts which he never published. It included three areas of investigation: the nature of being, natural philosophy and the philosophy of mankind. In this encyclopaedia, Fink developed a natural philosophical cosmology of institutional life which collapsed the dichotomies between self and non-self, state and church, individual

⁸⁷*Erinnerung*, p. 1.

⁸⁸*Ibid*, p. 11, 25.

⁸⁹*Ibid*, p. 7.

and community.⁹⁰ His model of social interaction sought to achieve a balance between individualizing and collectivizing tendencies. The family, church and state each represented separate clusterings of community to which individuals had to subordinate self-interest for the sake of communal well-being. Within every spiritual community, he said, there are naturally occurring divisions. The family home is distinct from an institutional home which is distinct from the home of a *Volk*.⁹¹

The unity of family and home whose natural ground is the house, is an historically formed whole of mankind and nature, in which a human personality lives and functions. House is the family become home-like, the family embodied. The unity of *Volk* and land, the being-within-one-another of both together, the living from within of a particular *Volk* on its designated land, and the being permeated by and cultivated according to a land specific natural way of life that constitutes the organic totality of the *Volk*, that is the state. The state is the *Volk* turned land, the *Volk* embodied in land.⁹²

Fink also maintained that these clusters had to be unified in a spiritual community. He likened the relationship of individuals and communities to “the ocean of air” upon which the vital functions of every individual depended although it was not possible to cordon off any portion of that ocean for one person.⁹³ The interactions between these intercalated communal spheres must be governed by “freedom,” or rather a multiplicity of freedoms. As already discussed with respect to Christian Roller’s notion of the freedom of *Gemüth*, this was a freedom which found expression through compliance with the surrounding community. At the most general level of operation, this

⁹⁰These articles are appended to a compilation of his posthumous work in: Friedrich Ehrenfeuchter, *Aus dem Nachlaß Ernst Friedrich Fink nebst einem Abriß seines Lebens*, (Heidelberg: Carl Winter, 1866).

⁹¹*Nachlaß*, p. 158.

⁹²*Ibid*, p. 171.

⁹³*Ibid*, p. 153.

freedom was bounded by national character. In Fink's words: "France only has one liberté, Germany has its freedom in multiple freedoms."⁹⁴

Freedom in the German sense is a structure consisting of many different intercalated partial freedoms which endows those who possess it with a special talent for occupation and the differentiation of social status.⁹⁵

Revealingly, Fink's concept of freedom had the same compartmentalized structure as Illenau's composite social configuration.

It would seem that the religious compartmentalization of the German territories during the *Kulturkampf* should have been viewed by Fink as but a further extension of the segregation of *Gemüths* by compatible types. But this was not so. The promise of salvation insured that all believers would be able to achieve the same degree of religious sensibility. In fashioning an ecumenical congregation, Fink strove to project upon the collective *Gemüth* a smooth surface that, like the ocean described by Christian Roller, could reflect the eye of God.⁹⁶ A long poem he wrote about Illenau described at length how the institution, i.e. the combination of building, social order and inner spirit, was a reflection of "God's hand" in action.⁹⁷

In 1852 Fink published a monograph on the asylum from a religious perspective, *Die Heilanstalt nach ihrer kirchlichen Seite*, a book directly modeled on Roller's *Die Irrenanstalt nach allen ihren Beziehungen*, in which he examined the aetiology, pathology and therapy of mental illnesses from a religious perspective. A critical review

⁹⁴Ibid, p. 159.

⁹⁵Ibid, p. 159.

⁹⁶The 'eye of god' image also figures in Büchner's *Lenz*, a study of progressive madness. *Lenz's* illness comes to the fore when he looks to heaven and sees that "the eye of God has become dead and blunt." Büchner was a trained doctor writing in the 1830's and his portrayal of the progression of *Lenz's* illness is still recognized as a classic piece of case history writing today.

⁹⁷"Das Hausordnungs-Fest." In: Fink, *Durch Leid zur Freud*, p. 6.

in the *Allgemeine Zeitschrift der Psychiatrie* by Jessen dismissed Fink's theological psychiatry as nothing more than "an aetiology of sin," a product of the author's "obsessive need to convert his unfree patients" and textual evidence of a "delusion carried forth in the name of God." Strikingly, Jessen was opposed to the collective psycho-therapy of a religious sermon arguing instead for an intimate kind of psycho-therapy based on the personal encounter between chaplains and patients.⁹⁸ Although apparently directed against Fink, this criticism also hit Roller by attacking Illenau's collectivizing bias. Roller called Jessen's review a "Schmähschrift" and entered into extensive professional correspondence to find supporters for Fink's book and, by implication, the Illenau approach to psychiatry.

Fink's theological system upheld the theoretical and phenomenal framework of the Illenau School with its emphasis on *Gemüth* and aesthetic re-education. Fink coined a special name for mental illnesses, "Kranksinigkeit,"⁹⁹ to accentuate that these illnesses affected *Gemüth* without directly afflicting the same since the *Gemüth* itself could not be ill. The asylum, he said, is a "Normalgesundheitshaus" (a house of equilibrated healthy being),¹⁰⁰ a neologism capturing in a single word the concept of the asylum as a place whose internal and external appointment was structurally conducive to the balancing of *Gemüth*. The aim of religious therapy was "to direct the *Gemüth* towards God by every means possible."¹⁰¹ Fink's very definition of the religious condition complimented the frame of being which Illenau physicians hoped to instil in their patients:

⁹⁸AZP, vol. 10, 1853, p. 108-136, p. 124 (footnote).

⁹⁹Fink, *Kirchlichen Seite*, p. 3.

¹⁰⁰*Ibid.*, p. 9.

¹⁰¹*Ibid.*, p. 26.

Faith does not consist in knowing God, rather it consists in dissolving the self in the life of the community.¹⁰²

Fink came to view psychiatry as a calling so divine that, in a moment of therapeutic rapture, he saluted the almighty as “the psychiatrist (*Seelenarzt*) who sacrificed his life to save us from eternal death.”¹⁰³

3.1.3.3 Festive Events

The “opposing tendencies” mentioned by Roller – individuation versus collectivization of the patient population – asserted themselves in every aspect of asylum life. They structured the forms of experience made available to the patients by Illenau physicians. A vivid example of the formative influence exercised by each tendency can be found in the asylum calendar. Some festive events, such as the annual Illenau Christmas celebration, were valued for reinforcing phenomenal divisions between members of the asylum population while others, such as the so-called *Gahlenfest*, were valued for their ability to unify the population in a shared experience. The difference between Christmas and the *Gahlenfest* did not reside in the one furthering a sense of community and the other not. They both furthered a sense of community, but they furthered it by means of inverse strategies of experience engineering.

Christmas was Illenau’s “family event” (*Illenau Familienfest*) and, as such, partook of the symbolism and rituals surrounding German Christmas rites in the 19th century, the period when Christmas was turned into an elaborate event for expressing domestic sentimentality. To this day, Christmas in Germany is a cultural ritual with a

¹⁰²Ehrenfeuchter, *Nachlaß*, 157.

¹⁰³*Ibid.*, 78.

distinctively inward, private and local emphasis as evidenced by, for example, the diverse range of Christmas markets held in small towns throughout the country. Christmas at Illenau was one of the major events of the year involving almost every member of the asylum community with at least 600 presents to be distributed in the course of the celebrations. Many of the presents and Christmas ornaments decorating the asylum had been prepared by patients in the course the previous year. The hand-carved crib scene set up every year displaying holy figures and the town of Bethlehem was, of course, the work of a patient.¹⁰⁴ Besides associating asylum life with the domesticity and intimacy of family life, Christmas perpetuated the therapeutic ordering of patients by accommodation class. The sentimental atmosphere of the event was not rooted in having patients share a single experience but rather in combining patients in groups arranged by sex, class and curability. A description of Christmas 1876 in the *Weekly* can characterize its social diversification in general because the ordering of Christmas ceremonies remained roughly constant from year to year:

Even though the wonderful gathering was just as it has been in previous years, the ordering of the gift-giving ceremony, the alternation between men and women from separate consecutive wards, the small gift-giving ceremony on C5 and the appearance of Carol-singers accompanying a candle-lit Christmas tree in several rooms of acutely ill patients, the gift-giving ceremony of the upper class patients in D4 on the first day, the gift-giving ceremony for poor children from the region, after which they and their families were given coffee served by generous and dedicated hands within the asylum, on the day after Christmas, and finally the gathering in the assembly hall of F4 where a numerous and *gemüthlich* congregation gathered around a Christmas tree and small crib singing diverse songs and where several of our dear patients presented touching Christmas poems – all of this was as it has been in years before and yet the feeling rings: this year it was even more beautiful than ever before.¹⁰⁵

¹⁰⁴IW, Nr. 51, 1878, footnote.

¹⁰⁵IW, Nr. 1, 1876.

The bestowing of gifts was used by Illenau physicians to make *Gemüths* resonate in class bound affinities. The appropriateness of each Christmas gift demonstrated that the asylum was able to recognize the “individuality” of patients:

Then the eye roams across the long table richly covered with gifts that have been chosen according to the individuality of every single person whose long held wishes each appropriately fulfils, presents from home and from the asylum are both decorated with a religious saying.¹⁰⁶

The *Gahlenfest*, an event which had been endowed by the widow of a patient who died at Illenau, was directed towards unifying the asylum population. It was to be held every year on the 28th of May. The *Gahlenfest* was generally known as the “*Illenau Volksfest*” (public festival) and provided an opportunity for the different classes at the asylum to merge in a single experience. At the *Gahlenfest* free food, drink, gymnastics performances, music and, invariably, a carrousel were set up while participants milled around in unstructured interaction with each other:

The games began immediately. The carrousel held a special attraction for girls and children but it evidently also appealed to elderly grandmothers who rode with ease to the sounds of a melancholy hand-organ and the *Takt* of the large drums while turning around in circles. The Illenau music accompanied this flying circle dance in alternate ways. In the shooting booths, men practiced their marksmanship and tried to hit a target and many were splendidly successful, especially the ones who had formerly been soldiers. The pole game involved the throwing of balls at which the women’s wards excelled due to their eagerness and vitality. In all respects it was an animated, dynamic picture comparable with the colourful throng of a fair ground and through its midst the honourable donor of the event moved visibly touched and embraced by hearts from all sides interacting warmly with even the poorest of the participants...such days are really suitable for curative institutions, they shine like rays of sun into the days of fog and so this day too was a curative and salutary day of gladness.¹⁰⁷

Since it was a ceremony unique to Illenau, the *Gahlenfest* enabled the asylum population to celebrate itself as a cohesive *Volk*. Attendance at this event was a condition for qualifying as a “real Illenauer.” It marked the unity and uniqueness of the Illenau

¹⁰⁶IW, Nr. 1, 1870.

¹⁰⁷IW, Nr. 26, 1871.

Figure 11: *Gahlenfest* Banquet

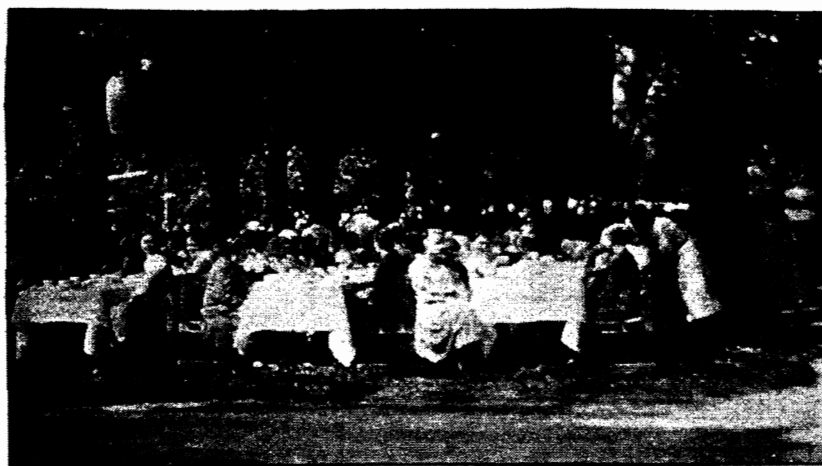


Figure 12: Gymnastics at the *Gahlenfest*



community, in contrast to Christmas which marked the multiplicity of its sub-communities. These two events were not at odds with each other; they celebrated two different dimensions of a single social order. Both drew the operations of *Gemüth* away from the self and towards the world outside. Christmas did this through stimulating local affinities between *Gemüths* of a comparable composition, the *Gahlenfest* did this through arousing a global sense of belonging to a physically located community. Christmas connoted “winter,” “inwardness” and “sentiment,” the *Gahlenfest* “summer,” “outdoors” and “frivolity”:

Just as the Illenau Christmas party enables everything that is friendly to flourish, all that the winter has to offer, so the *Gahlenfest* expresses the fullest sentiment of summer joy which the Illenau *Volk* can experience. Just as the former leads into the heart, where it can sink itself in God’s love and into the home and into the circle of intimate relations, where it can enjoy the *inclination* and the gifts of love, so the Illenau summer fair calls everyone out, out onto the charming festival grounds, in God’s glorious nature, out into a joyous hubbub in order to enjoy under God’s free sky the rich offerings of friendly *inclination* and to forget for a few hours the confined living and assiduous work, to forget – at least for many! – the weight of illness.

The repeated mention of the word ‘inclination’ in the above passage reveals that, despite generating inverse experiences, both events served the same final purpose. They enchanted participants with the immediacy of sensation, aroused in the *Gemüth* a state of joyous anticipation and suspended consciousness for a few hours. According to the *Weekly*, Christmas made the sense of “past, present and future melt together,” whereas the *Gahlenfest* made the present all-encompassing.

3.2 Psychiatry Without *Gemüth*

Aesthetic re-education is my term for a therapeutic approach devised by Roller and his colleagues for balancing the operations of *Gemüth* by compensating for impairments in the functioning of the “organ of receptivity.” According to Christian Roller, the healthy *Gemüth* absorbed heterogeneous impressions of aesthetic, social and religious origins

into a totality of experience. This alone does not, however, suffice to describe the healthy functioning of *Gemüth*. The totality invoked by Christian Roller was, after all, a totality formed in a particular way; it was a totality associated with a particular quality of feeling. Any totality of perception which failed to impart coherence, balance and immediacy to the experience in question was not a totality in Christian Roller's sense. A totality was believed to have the correct structure just in case it generated a sense of self-evident order and one's own position within that order. It is easy to imagine other kinds of totality such as, for example, the totality associated with the I and the experience of egotism. But that totality was, in Christian Roller's scheme, inherently pathological. As soon as the *Gemüth* generated experiences which affirmed itself rather than its environment, its functioning was impaired and mental illness could set in.

Psychiatric treatment consisted in a patient's transferral to and continued stay at the asylum. The asylum performed the vital function of which the *Gemüth*, by virtue of its imbalance, was not capable. That is to say, it unified the heterogeneous impressions available within the confines of the asylum into the totality of asylum life. Instead of relying on *Gemüth* to intervene into the fabric of experience, the asylum arranged experience to be inherently well-formed and hence pleasing, thereby rendering the function of *Gemüth* obsolete. Like a heart-lung machine the asylum's purpose was to compensate for the loss of a vital organ. And there can be no doubt that, from the perspective of Illenau practitioners, the operations of *Gemüth* were every bit as vital as those of the lung and heart. An improperly functioning *Gemüth* generated experiences ranging anywhere from unpleasant to unbearable and could, in severe cases of mental illness, even result in a spiritual death. At Illenau the social and aesthetic parameters of asylum life were such that the synthesis normally performed by the *Gemüth* were

performed by the institution. The stay at the asylum was, essentially, what Germans call a “*Kur*” for the *Gemüth*, a period for it to rest, recover and regenerate itself.¹⁰⁸

A comparison of Roller’s model of psychiatric treatment with an alternative proposed by one of his colleagues, Friedrich Bird (1793-1851),¹⁰⁹ will reveal that the intelligibility of Roller’s envisaged asylum depended upon embracing the doctrine of *Gemüth*. Bird did not believe in *Gemüth* and, consequently, found Roller’s proposals ludicrous alleging them to be a direct extension of French and English moral therapy which he also found ludicrous. Bird and Roller had similar medical backgrounds. Bird studied medicine at the universities of Halle and Berlin and, in 1830, accepted an appointment as assistant psychiatrist at the Siegburg asylum to work under Jacobi, Roller’s mentor. Yet Bird’s and Roller’s approaches to psychiatry were entirely different. In 1835, the same year that the location for Illenau was chosen, Bird directly challenged Roller’s model of asylum management in *On the Structure and Purpose of Hospitals for the Mentally Ill*. His book featured virtually identical chapter headings to Roller’s *Beziehungen* from 1831 and was evidently intended as a direct response.

According to Bird, mental illnesses were grounded in organic lesions and so needed the same treatment as somatic illnesses. An asylum, he argued, should be constructed on the model of a normal *Krankenhaus* (hospital):

If I observe mentally ill patients from the perspective of a doctor and take them for that which they are, then the asylum I want is nothing more than a simple, comfortable and well-appointed hospital in which those patients can receive medical attention.¹¹⁰

¹⁰⁸The word ‘Kur’ recurs through out the IW. See: IW, 3, 1876.

¹⁰⁹Long description of the *Gahlenfest* in: IW, 1874, p. 145-147, p. 146

¹¹⁰Friedrich Bird, *Über Einrichtung und Zweck der Krankenhäuser für Geisteskranke, und die ärztliche Behandlung überhaupt, wie sie hier sein muss*. Berlin: August Hirschwald, 1835, p. viii-ix.

Bird also maintained that, in a hospital thus appointed, patients should receive a form of treatment much like the kind administered to patients with somatic illnesses, the emphasis being on “rest” and “medical supervision.” The notion that the asylum itself should be able to intervene in the healing process and serve as a *Heilmittel* in its own right struck Bird as worthy of derision:

He who seeks to build an insane asylum will first build a new house, in a solitary place with rousing views, the more romantic the better, since solitude, brilliant views and the picturesquely pictorial, all these will not fail to make an impression on lunatic souls; moreover, the asylum should not merely be new and romantically located, it should be romantic in and of itself, that is to say large, comfortable and magnificent, portals and arcades are especially popular – there is a perceived need for the charms of elegant architectural composition by which afflicted souls are to be cured and, on the inside of the grand building, patients are tickled with choice machines which have been invented by famous building engineers.

Bird did not believe that psychiatry consisted in the ordering of experience. He treated questions regarding the organization of space and time in asylum life, questions which were at the heart of Roller’s medical approach as pure by-roads. Bird dismissed the structuring of space by reminding the reader that “patients are cured by doctors, not buildings and asylums.” Likewise, he denigrated the effectiveness of ordering time through, for example, occupational therapy, by saying that it would “unsettle” patients:

In order to be able to conduct these soul-cures, these cure-attempts, one has had to install workshops for weavers, cobblers, tailors; one has factories and facilities for making beer and bread, one turns the lathe, joins wood, carpenters and weaves rugs, in short there is movement, one is occupied, one habituates the soul to order and cleanliness, one – enough said, one wants to achieve a great deal and one does indeed do many things but, in point of fact, nothing that is of any value! – one unsettles but does not cure the patients.¹¹¹

Illenau had all of the facilities dismissed by Bird in the above passage.

The structuring of experience at Illenau required the collaboration of the physician with architects, chaplains, music instructors, gymnastics instructors, gardeners and so on. According to Bird, the doctor alone should determine the therapeutic regimen

¹¹¹Ibid., p. xi.

of the asylum, every other member of staff, he said, contributes “a mere service.”¹¹² Bird specifically mentioned the “music teacher” as being a pure indulgence although he did concede that music therapy could be beneficial because of its physical effects, which was not the primary reason why Roller employed music. Bird also argued that the “religious officers make no contribution to the therapeutic provisions of the asylum.” A far more valuable member of staff was, in his opinion, the asylum barber.

The communal forces which, in the opinion of Roller and his colleagues, were the forces to be harnessed and directed by the psychiatrist did not carry any therapeutic potency from Bird’s perspective. “Just as civilisation is not the cause of madness,” he railed, “it cannot it serve as the instrument of its cure!”¹¹³ In addition to denying the relevance of collective experience, Bird denied the relevance of restoring a patient’s psychological freedom:

In the meantime all of those definitions have come to serve no practical purpose; they define freedom and the patient is sitting on a restraining chair, or hanging in some mad-house torture. They call freedom the ability to govern one’s own actions according to rational principles without infringing upon the needs of others, they call reason the ability to assess the morality of our actions teaching us to be our own masters...Anyone who possesses what Buffon calls *aptitude au travail* will be happy to allow speculative psychologists the task of smoothing out their differences, but it would also be desirable to abstain from theory when it is time to cultivate psychiatry, after all what do we want this rubbish for?¹¹⁴

The entire misguided framework of Roller’s approach to psychiatry was, according to Bird grounded in the inclination of German psychiatrists to embrace theory rather than practical truths:

Theory, this enemy of psychiatry of which medicine should not be made to feel ashamed, this theory has, by its many claims, determined the location, arrangement and internal appointment of asylums and since, amongst us, it is the case that theory is more highly valued than practice, so it usually wins. Heidelberg, for example, loses its asylum for the sake of theory and the hope, that

¹¹²Ibid., especially chapters 14, 15, 16.

¹¹³Bird, *Practisch-Psychiatrische Schriften*. Stuttgart: Hallberger’sche Verlagshandlung, 1840, p. 188.

¹¹⁴Bird, *Krankenhäuser*, p. 175.

the opportunity will be given there for the first time to cultivate real psychic doctors is quickly rendered futile; tightly shut off establishments happen to be preferred, they are like modern monasteries where there will be mortifications a plenty and examinations as well.¹¹⁵

The allusion to Heidelberg is, of course, a reference to the transference of Baden's psychiatric provisions from Heidelberg to Illenau upon Roller's insistant urging.

The theories Bird accused his contemporary colleagues of being most susceptible to were those of French and English psychiatrists:

In light of the recent tidal wave of English and French translations, the German jumble of theories has suffered new reinforcement and never has theory been more outrageous than at this time; it presumes to know the nature of mental illness, since it knows the soul, which it grabs with its fists and then wants to show us.¹¹⁶

From Bird's perspective, Roller's approach to psychiatry was clearly influenced by English and French thought whereas, from Roller's perspective, the approaches were completely different. As revealed in an article in the *Illenau Weekly*, Illenau physicians attributed these differences to the different phenomenal framework through which experience was filtered in each cultural context, or in other words to the operations of *Gemüth*. Although the quotation below does not specifically mention *Gemüth*, the differences it identifies between English and German sensibilities are distinguished by traits which document the influence of *Gemüth* in the German case:

Even though there is currently little genuine sympathy for Germany in England, it is certain that from a theoretical perspective the same courses and developments are being pursued in both countries. But there is one thing that distinguishes them in all areas – something that makes itself felt in every action undertaken. For the English an extraordinary number of things are regulated by convention that, for us, are free to be organized as we will. Their whole way of life moves within predetermined rigid parameters. With respect to acceptable forms of conduct, religion and politics they rarely deviate from a narrowly circumscribed ground. This fact is apparent in their organization of daily life, their news papers, novels etc. We Germans do things differently. Here far more things are determined by the immediate inspirations of feeling. We do not easily accept

¹¹⁵Bird, *Practisch*, p. 176-177.

¹¹⁶Bird, *Krankenhäuser*, p. 175.

things as given but rather seek to uncover their causes. As a consequence, many things lose their form with us.¹¹⁷

Applied to the Illenau School, this cultural difference between Germany and England meant that what looked like moral therapy “from a theoretical perspective” since “the same courses and developments” were being pursued in the asylums in both countries, generated fundamentally different forms of experience within their respective asylums due to the fact that “Germans do things differently” causing “many things lose their form.” Illenau officials were extremely flattered when they discovered that an Italian asylum journal, the only other one comparable to the *Illenau Weekly* in Europe, had published an article recognizing the difference between “the German ‘traitement libero’ as opposed to the English no-restraint;” the *Illenau Weekly* promptly reprinted the whole article in German translation.¹¹⁸

If one ignored, as Bird did, the qualitative dimension of experience, then the *traitement moral*, moral therapy and the Illenau School all seemed to belong to one camp. If, however, one accepted that practices which were apparently similar could yield vastly different structures of experience and if, furthermore, one believed, as Roller did, that the structure of experience was the key determinant of a patient’s psychological state, then the differences between his psychiatric approach and those developed by his French and English contemporaries far outweighed the similarities. The treatment methods developed at Illenau were utterly dependent upon the existence of *Gemüth*, an entity recognized by neither Esquirol nor Tuke.

¹¹⁷IW, Nr. 45, 1874.

¹¹⁸IW, Nr. 22, 1874.

Having denied the validity of concepts which for Roller connoted *Gemüth*, Bird could not see any justification for erecting asylums on the model and scale of Illenau. To his mind, such an institution was, literally, an “mad-house” (*Irrenhaus*):

I call institutions in which one strives to teach tricks to insane souls until they become sane again mad-houses, the other ones I call hospitals.¹¹⁹

Bird suggested that Roller’s project was in and of itself *Irre* (mad) because it was founded on an insane premise, namely that patients can be cured by learning sanity in the way that circus animals “learn tricks.” The German verb is “dressieren” which applies specifically to training animals. Bird’s analogy between Illenau-style aesthetic re-education and drilling animals to perform tricks demonstrates that the theoretical differences between their two approaches centered upon the status of consciousness in psychiatry. For Roller unconscious experiences were the essence of therapy, provided they were correctly structured to assemble heterogeneous elements into a balanced totality; for Bird the cultivation of unconscious experience reduced patients to animals and physicians to circus masters.

¹¹⁹Bird, *Krankenhäuser*, p. viii-ix.

THE UNIVERSITY OF CHICAGO

A FOOL'S PARADISE: THE PSYCHIATRY OF *GEMÜTH*
IN A *BIEDERMEIER* ASYLUM
VOLUME II

A DISSERTATION SUBMITTED TO THE
FACULTY OF THE DIVISION OF THE SOCIAL SCIENCES
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

DEPARTMENT OF HISTORY

BY

CHERYCE KRAMER

CHICAGO, ILLINOIS

JUNE 1998

Asylum Space

Every asylum should be understood as a world in miniature and the world as an asylum in large. Yes, I will go even further by claiming that a good asylum is actually in many respects far more reasonable, composed and orderly in its organization than some families and states. The reason for this is that the relatively most reasonable person (there is no absolute reason on earth) is in charge, namely the directing physician...In the asylum one finds a placid unreason bridled by a higher reason— a consoling sight for any philanthropist and less upsetting than many remaining sights of the world.¹
(Schwartz 1857)

During the ground stone laying ceremony for Illenau on September 9, 1839,² an evocative selection of items were laid into its foundation: the ministerial consent for a state asylum, a ground plan of the building, several coins minted that same year, two bottles of Schelzberger wine vintage 1833 and 1834, the order of ceremonies, and Roller's book *Principles for the Construction of New Asylums* (1838).³ Although similar objects might still be used in such a ceremony today, their timeless familiarity is off-set by the specific and local meaning they acquired on that occasion. The ministerial document draws our attention to Roller's political protection granting him sole authority and virtually unlimited funds to realize his vision of an asylum. The coins are saturated with suggestive irony. They signify abundance, even though Baden was one of the poorest states in Germany, and epitomize an economy of social relations from which individuals suffering from mental illness were to be shielded. Wine was a medicinal substance, like opium and cigarettes, widely enjoyed by Illenau patients as well as

¹Oscar Schwartz, "Das Irrenhaus, eine Welt im Kleinen, und die Welt, ein Irrenhaus im Grossen. Ein am 16. December 1856 in der Museums-Gesellschaft zu Sigmaringen gehaltener populärer Vortrag." AZP 214(1857): 411-428.

²Although construction of Illenau had begun in 1837, the ground stone laying ceremony was not conducted until 1839. Cf. Jetter, *Grundzüge*, p. 41.

³*Festprogramm*, Sonntag 9. June 1839.

employees; it was also a product of toiling the land and, as such, an elliptical reference to the asylum's work therapy with its emphasis on agriculture. The last two objects entombed in the ground on that summer day were the ground plans and Roller's *Principles* explaining the plans in terms of psychiatric principles.

Roller conceived the Illenau building to be more than a mere translation of his medical theories into three dimensions; it was to be a vehicle for furthering his program of aesthetic re-education. In his words: "The asylum is its own form of cure. The inner life of the asylum depends largely on its shape and method of construction."⁴ Since the structure of space could determine the structure of experience, the building was to function like an organic entity in which every part of the complex served the needs of the organism as a whole while simultaneously performing its specific function within that whole. In Roller's words: "the first thought that should strike a visitor is that a purposive whole has been erected here at Illenau."⁵ Hergt consistently referred to Illenau as a "many-membered, well-ordered Organism" (*vielgliedrig, wohlgeordneter Organismus*) which he opposed to machine-like institutions.⁶ And it seems the Illenau architects were able to communicate this idea to visitors. The American psychiatrist Ray remarked that "the requirements of such an establishment as we need in this country for all classes of patients, were more perfectly combined in Roller's Illenau, than in any other which I saw."⁷ The French psychiatrist Falret stated that "the government of Baden has not only

⁴Roller, *Beziehungen*, 85.

⁵"Daß hier ein zweckmäßiges Ganzes ausgeführt sey ist der erste Gedanke, der sich den Besuchern von Illenau aufdrängt." Roller, *Illenau*, 1852, p. 204.

⁶Hergt, *Seelenstörungen*, p. 809, 833.

⁷Ray, "Observations", p. 317.

erected a fine psychiatric asylum it has performed a great act of morality.”⁸ And the German psychiatrist Erhardt pronounced Illenau to be “a beautiful tribute to humanity.”⁹

Oddly, none of these commentators mention the extraordinary functionality, or as Roller said ‘purposiveness,’ of the asylum building itself. This omission is especially striking in the comments of the American psychiatrist Earle who described Illenau’s curative regime in the following terms:

The purely medical treatment is restricted, as much as possible, to a few simple remedies, as rhubarb, senna, and saline cathartics. The hope of cure is based on suitable diet, regularity of hours, discipline, exercise, amusements, and the other means of moral treatment.¹⁰

Earle mentioned life-style and diet as part of Illenau’s “moral treatment” but he passes silently over what for Roller is one of the main determinants of life-style, namely space. The importance attributed to the organization of space distinguishes Roller’s conception of psychiatric practice from Earle’s. Roller and his colleagues attributed veritable healing powers to the building. Indeed, they conceived of the asylum space as a potent therapeutic tool. Premature relocation of a patient to a new ward could, for example, have deleterious effects:

One can often observe, that sad family news, which deeply effects a healthy person, leaves those suffering from mental illness or in the process of recovery oddly unmoved. By contrast, influences to which one would normally attribute little significance can exercise a considerable effect. So, the transfer from one ward into another, even if the move entails an improvement in the patients living conditions, can have a seriously detrimental effect, especially during phases when the patient’s condition has just begun to improve. The following rule can be established: don’t make any changes as long as a patient is on the mend. Although a modification or change in the conditions of treatment can be important if the patient has shown no improvement for a long time, it is also important to persist with a chosen path when it is correct.¹¹

⁸Falret, *Visit*, p. 8.

⁹C. Erhardt, “Die Irren-, Heil- und Pflege-Anstalt Illenau im Grossherzogthum Baden.” In: *Annalen der Staats-Arzneikunde*. 1845, pp. 615-628.

¹⁰*Memoirs of Pliny Earle*, p. 170-171.

¹¹Christian Roller, *Kaiserswerth*, p. 76.

The distribution of patients within the asylum's therapeutic space required sound medical judgement. Whereas Earle's notion of moral treatment pertained to the practices *inside* the building, Roller's aesthetic re-education emanated from the building *as such*.

Roller's concept of a 'curative building' encompassed not only the architecture of a given establishment but also its appointment and decoration and furnishing which is why he personally oversaw the decoration of patient rooms.¹² Ornaments served as pharmaceuticals: some patterns were identified as stimulants and others as sedatives. The floors of Illenau's long corridors were covered with tiles which featured a vine-like pattern. This pattern was supposed to capture the patient's attention "by breaking up the monotony of the corridors." In so doing, it would prevent patients from getting distracted and lost in the asylum.¹³ Although paintings were popular for interior decoration, Roller warned that images must be carefully selected so as not to be upsetting. Depictions of the crucifixion were, for example, to be avoided.¹⁴ Rows of arcades meant for strolling were attached to the building because the pattern of shadows cast by the columns was thought to calm the soul.¹⁵

Because of its extreme adaptedness, Roller warned that Illenau could not serve as a blueprint for other asylums.¹⁶ Yet, he evidently hoped that his overall approach to asylum construction and management would be emulated, or at least studied, elsewhere

¹²Letter Roller to his wife, October 1840. In: Löttsch, *book manuscript*, p. 4.

¹³Roller, *Beziehungen*, 107.

¹⁴1W, Nr. 10, 1869.

¹⁵The arcades are reminiscent of monastic architecture. Indeed, Illenau's architecture bore strong resemblance to a monastery, or perhaps a monastery and convent combined, because living and working spaces were entirely fused. The notebooks of a nurse who trained at Illenau in 1926 contains an essay on the history of the asylum which maintains that "centralized asylums" like Illenau "were built on the model of the monastery." So, in the 1920s, Illenau officials readily acknowledged the monastic qualities of the complex. Anna Velten Notebooks, 1926, p. 3. In: Private archive, Klaus Huber.

¹⁶Roller, *Grundsätze*, p. ix.

since the introduction to his 1865 publication featured a conversion from “Baden feet to French measurement.”¹⁷ While representing a particularly elegant solution to the mental health care requirements of Baden, it was not a solution to be applied willy-nilly elsewhere, the design of any given asylum was dependent upon myriad local circumstances involving: the availability of resources, the character of the terrain, and the demographic composition of the population to which the asylum catered. In Roller’s words:

Either local conditions will bring their influence to bear [upon the premises], asylums in England will have to be built differently than asylums in Italy; or modifications will have to be made due to peculiarities of terrain, requirements of size, and the range of planned services.¹⁸

Of the “local conditions” listed above, Roller does not address the theoretical framework, in Illenau’s case the doctrine of *Gemüth*, which exercised a formative influence on the final shape of Illenau. English psychiatrists and their patients brought different assumptions about the nature of mental experience to bear upon asylum space than Italian ones, French than German. Elaine Showalter has argued that while there was a prevailing interest in the possibilities of “moral architecture” through out Europe in this period, the precise form of morality instantiated by each establishment varied from one national context to another:

Differing attitudes toward class, privacy, surveillance, and the rights of the individual, as well as medical views, were reflected in these asylums.¹⁹

Although we can still walk around the premises, and indeed the introduction to this study invited the reader to do so, we cannot have the experience it afforded for its original inhabitants. That experience has vanished. The following chapter will, however, attempt

¹⁷Roller, *Illenau*, 1865, pp. iii-xvi.

¹⁸Roller, *Grundsätze*, p. 103-104.

¹⁹Showalter, *The Female Malady*, 37.

to reconstruct the internal logic of that experience by examining the organization of asylum space in terms of the doctrine of *Gemüth* and patterns of movement at Illenau.

In an article on the discourses of English asylum architecture in the 19th century, Barry Edginton describes an ideal of “building for sanity” that was in some ways similar to what Roller attempted to achieve at Illenau. According to Edginton, however, the ideas remained purely at the level of discourse:

The asylum’s unity of space, with its occupants, exposed the insane to a constructed wholeness of mind, body, place, and nature. This was an asylum that signified sanity: the end of an architectural quest. Unfortunately the fulfilment of this promise was not realized as the voice of insanity changed the definition of its signifier: the asylum.²⁰

The interesting thing about the Illenau case, in contrast with the ideas discussed by Edginton, is that a highly specific set of mid-century provincial German attitudes about the nature of sane experience were translated into the architecture of a real institution. Whether or not Illenau actually induced sanity in any of its inhabitants, it serves as an example for studying how the conversion of beliefs into spaces actually occurred in one particular instance. The sheer physicality of the complex enables us to render tangible and concrete beliefs about the soul which would otherwise remain purely abstract.

Illenau’s spatial arrangement was based on two strategies of architectural determinism which can be characterized in terms of two phrases which appear in the Illenau records. The first was coined in 1868 by an anonymous author in the *Illenau Weekly* who called the asylum “a straight-jacket of metal and stone.”²¹ The second was coined in 1869 by a female patient who called Illenau “a château de plaisir.”²² Accounts and descriptions of the premises cluster around these two images. The ease with which

²⁰Barry Edginton, *The Well-ordered Body: The Quest for Sanity through Nineteenth-Century Asylum Architecture.* In: *Canadian Bulletin of Medial History*, vol. 11, 4 (1994): 375-388.

²¹IW, Nr.16, 1868.

²²Letter to family, 24. November, 1869. In: PR: Anna Lassere, 1863.

members of the asylum community moved between the sets of attitudes connoted by each image shows that, for them, no cognitive dissonance cleaved between them. Roller and his colleagues conceived of the Illenau building as an instrument for the correction, calibration and management of *Gemüth* “in all of its tender stirrings;” repression and stimulation were simply different aspects of channelling *Gemüth* via the sense of space.

The following chapter examines both the restrictive and the stimulating dimensions of asylum space. It will then collapse these two dimensions into a single concept of Illenau as a “receptacle for *Gemüth*” using the concept to explain the placement of the windows, the absence of a pharmacy and the desired placement of the church. Considerations of *Gemüth* informed the shape of every corner, cornice and courtyard of the Illenau building. Moreover, it not only informed the final shape of the Illenau complex but also furnished an ideology through which its inhabitants perceived and experienced that shape. Readers familiar with asylum architecture in other cultural contexts will surely identify structural similarities between Illenau and comparable institutions elsewhere. But many apparent similarities will, under closer scrutiny, reveal themselves to mask differing conceptions of mental life and, hence, psychiatric practice. The chapter concludes by contrasting, the spatial logic of Illenau with that represented by two dominant models of asylum design in Roller’s era: Esquirol’s Charenton and Bentham’s Panopticon. Before turning to the ground plans themselves, however, it will be helpful to present the characters and negotiations involved in drafting the plans.

4.1 Collaboration and Controversy

In the period from 1831 to 1837 Roller collaborated with the asylum architect, Johann Hans Voß (1780s–1849) to draft the plans for the asylum building. Only through collaborative work will it be possible to design an organically cohesive complex, he

argued. "There is no alternative but for the architect and the physician to work in constant collaboration."²³ Unfortunately, Roller observed, asylums rarely come about as the product of such collaboration. The architect usually drafts his plans according to general medical principles and only submits them to a consulting physician once they are completed. "Due to the infinite number of details" to be considered, "it is not possible to give the architect a full description of the medical requirements" of the establishment. Purpose-built asylums designed by an architect working alone are "not permeated by the therapeutic purpose which the building is supposed to serve." Psychiatric expertise must intervene during the creative process itself. The building must be shaped around anticipated patterns of movement or, as Roller said, it is necessary to consider "by which path the [patients] are supposed to get to their work places; which path should lead from the wards to the main administrative offices, [and] which path should lead a patient who has gone into paroxysms at work back to the appropriate quarters for dealing with the fit."²⁴

It is unclear when or why Roller selected Voß to be the Illenau architect.²⁵ The two men appear to have been friends prior to the construction of the asylum, however. In his *Beziehungen* from 1831, Roller stated that he could "not suppress the wish that Voß

²³Roller, *Grundsätze*, p. 103-104.

²⁴*Ibid.*, p. 9-10.

²⁵Little is known about Voß's biography. For mysterious reasons he does not receive an entry in the six volume reference work *Badische Biographien* in which almost every figure of note in Baden history is discussed and almost everyone associated with the Illenau asylum is represented. Sauer's book on church architecture in Baden reports on Voß's activity as a church architect but provides little by way of a biographical introduction. A short note in the *Neuer Nekrolog der Deutschen*, (vol. 27) mentions that he died in 1849 and that his "greatest work" was Illenau. Voß does not even receive a full entry in Hirsch's copious, two volume tome on noteworthy buildings in Baden including their architects, inhabitants and memorable events associated with them. This oversight is all the more frustrating given that Hirsch makes reference to Voß in a footnote where he promises to give a full account of Voß and the construction of the Illenau asylum in a later part of the book. According to Hirsch, the Voß papers were in the private collection of Schaible in Konstanz. Correspondence with Baden's state and municipal archives revealed that the Schaible collection has gone missing after last being used by Hermann Bräunig-Oktavio in 1911 who remembers the collection as having "filled a large trunk with papers pertaining to members of the Voß circle."

be selected as the asylum architect.”²⁶ Their personal letters written in 1835 have the relaxed familiarity born of long acquaintance. Besides addressing each other with the intimate address of “Du,” Voß also lived at Roller’s house in Heidelberg for extended periods and apparently participated in the Illenau project on a voluntary basis for several years.²⁷ Voß was the fourth son of the Heidelberg philologist and poet Johann Heinrich Voß (1751-1826).²⁸ Although Roller presumably met the Voß family when he was director of the Heidelberg asylum, there were also personal connections in that Johann Heinrich Voß had been a colleague and friend of the Göttingen philosopher Friedrich Heinrich Jacobi whose son, Maximilian Jacobi, was director of the Siegburg asylum at which Roller trained.

Voß studied architecture under the Karlsruhe architect, Friedrich Weinbrenner (1766-1826), best known today for his design of the city of Karlsruhe, with its central ducal court and a system of straight long roads radiating from the center.²⁹ Weinbrenner championed a style of architectural Classicism which he popularized throughout Baden and beyond; built many municipal buildings and specialized in domestic architecture for the city-dwelling *Bürgertum*. Voß’s classical style was so closely modelled on his

²⁶Roller, *Beziehungen*, p. 98.

²⁷For the inauguration of the asylum church on February 19, 1843, Roller penned a verse on Voß: Einen Meister ließ er schalten / Tüchtig, rührig, treugesinnt / Der geduldig ausgehalten / Fern von Heimath, Weib und Kind. / Viele Kräfte hieß Er wirken / Eng vereint zu einem Plan / Aus gar mancherlei Bezirken / Unbewußt ihm unterthan. / Und er lenkte von dem Throne / Edlen, mitleidvollen Sinn – / Schönsten Schmuck der Fürstenkrone – / Nach dem Stift der Liebe hin, etc. [Note: at one point there was a proposal to call Illenau a “Stift.”] In: IW, 1879, p. 25-26.

²⁸“Johann Heinrich Voß.” In: *Badische Biographien*, p. 417-420. Voß moved to Heidelberg in 1805 where he became friendly with Clemens Brentano and Joseph Görres. Soon, however, Voß and Brentano fell out ostensibly over a prank regarding a house Voß was buying. Artistic differences had also begun to estrange the former friends, however. Voß preferred classical poetry while Brentano and Görres wrote in the romantic style. Each of them collected a group of like-minded poets and writers around themselves and began to wage a literary war against the other. Brentano and Görres published the satirical short story, *Bogs*, as a direct attack on Voß’s poetic style. Voß in turn wrote scathing reviews of Brentano’s work which, some historians have claimed, first identified ‘the Romantic’ as a distinct literary genre. These arguments over classicism versus romanticism were later perpetuated in the architectural work of Voß’s son.

²⁹“Friedrich Weinbrenner.” In: *Badische Biographien*, vol ii, p. 435-438.

teacher's that one could easily mistake Illenau for a Weinbrenner building.³⁰ In particular, Illenau embodied the three central tenets of Weinbrenner's style: "solidity, comfort and beauty" (*Solidität, Bequemlichkeit, Schönheit*). According to Weinbrenner, beauty enabled a building to have an "ennobling" effect on its inhabitants which, as to be shown below, is precisely the effect the Illenau architects hoped to achieve.³¹

In 1830 Voß became building inspector for Offenburg and, in 1832, accepted a position as building inspector for the Freiburg region (*Bezirksbaumeister*). He specialized in the building of churches for both confessions although, to judge by contemporary reactions to his designs, his style was more amenable to the tastes of Protestant congregations than Catholic ones. An altar he designed for the Catholic community in Niederwühl was criticized for being "too simple and naked" while his tabernacle for Waltershofen was ridiculed as "a sort of milk carton" prompting Voß's immediate resignation from the project.³² Even Illenau's *Simultankirche*, a church designed for services of both confessions, met with much resistance on the part of the local Catholic diocese for being excessively stark. The church elders suggested that two separate altars be erected in the Illenau church, one for Protestant services and another for Catholic ones. Roller opposed this suggestion on aesthetic grounds claiming that it would "hurt the eyes."³³ It would also have imposed an unwelcome religious division on a community whose spiritual cohesion was central to its (see sections 'Religious Mentoring' and 'Missionary Psychiatry').

³⁰ Joseph Sauer, *Die kirchliche Kunst der ersten Hälfte des 19. Jahrhunderts in Baden*. Freiburg im Breisgau: 1933, p. 633.

³¹ "Über die Schönheit." In: *Weinbrenner. Briefe und Aufsätze*. Edited by Arthur Valdenaire. Karlsruhe: Braun, 1926, p. 31-34, quote p. 34.

³² Sauer, *Kunst*, p. 305, 544.

³³ Roller, "Des Irrenhaus-Direktor D. Roller gehorsamster Bericht," Heidelberg 28. February 1836, SA B821/1 #1.

Voß classical leanings brought him into repeated conflict with his superior *Oberbaurat* Hübsch who favoured a somewhat less angular and stern architectural language. The building regulations in Baden during this period required the designs of one building inspector to be assessed by another inspector. Hübsch and Voß had a long established pattern of rivalry. Hübsch's plans for a Catholic church in Bohlsbach (1829) were refused building permission on account of Voß's critical report.³⁴ Likewise, the construction of a church Hübsch designed for the Gleichstein family were drastically altered by Voß who gave the whole structure a stronger classical accent and eliminated its rounded interior spaces.³⁵

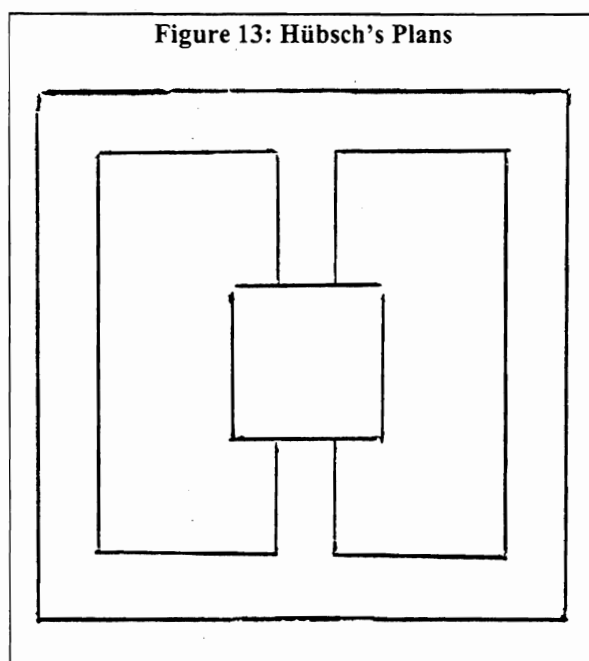
So, in February 1836, when the ministry selected Hübsch to act as referee for the planned state asylum, Roller and Voß surely felt considerable dismay.³⁶ Their fears would have been warranted. Hübsch called the planned building "highly objectionable" and instead of simply assessing and amending the building plans declared them to be so deeply flawed that he "had no alternative but to submit a counter-proposal."³⁷ Although the plans for Hübsch's building are not stored in the ministerial records on Illenau, it is possible to deduce its overall shape from comments scattered through out his correspondence with the Illenau architects. He envisaged a large square building with a main wing running through the center. The church was to be located in the middle of the central wing creating an enclosed courtyard to each side. While the church was to occupy

³⁴Sauer, Kunst, p. 633.

³⁵*Ibid.*, p. 335-336.

³⁶There had already been a collision between Voß and Hübsch with respect to the Hub building project, to be discussed later. It would be interesting to compare the discussion of those plans with the ones for Illenau. Voß's plans for the Hub spa complex could reveal the developmental history of ideas leading to Illenau. See: Roller, "Bericht", SA B821/1 #1, p. 11.

³⁷*Oberbaurat Hübsch*, "Erlaß...den künfitgen neuen Irrenhausbaus betr." February 5, 1835. In: SA B821/1. I will refer to this document as 'Hübsch's report.'



a three story building, all other wings of the asylum were to be one story high with hallways lined by rooms on both sides.

Since Hübsch's counter-proposal was unsolicited, the time he invested in drafting his plans was unpaid; the action was evidently designed to signal to the ministerial officials that his rival's plans were irredeemable. Roller and Voß presented an exhaustive defence of their plans together with a sharp rejection of Hübsch's proposal.³⁸ The exasperation of both parties is palpable in their correspondence. Hübsch accused Roller of being "facile" and "not collegial." Roller accused Hübsch of "putting himself in opposition with the psychiatric demands" of the complex and of wilful obstinacy: "I...had hoped that he would not ruin my favourite ideas – but to no avail!"

³⁸Voß and Roller each submitted independent defences of their asylum plans in reply to Hübsch's report. Voß's report is not dated but references in the text reveal that it was submitted around the same time as Roller's which is dated February 28, 1836. In: SA B821/1 #1. I will refer to these two documents as: 'Roller's Reply' and 'Voß's Reply.'

The controversy proceeded in predictable fashion with Hübsch's waging his attack in terms of "rules of architectural composition" and Roller justifying the ground plans in terms of "the therapeutic significance of the asylum's peculiar features" and his own psychiatric expertise:

Am I simply supposed to allow my plans to be ruined? Plans whose outer and inner composition is not the product of one-sided theory but of many years of successful practice?

When, by naming Jacobi, Hübsch attempted to cite medical authority in favour of his own plans, Roller pulled rank:

It would be strange indeed if I were to recreate in my own asylum, a provision which I have identified as a flaw in his...Anyway, since when does a *Baumeister* arbitrate in a controversy between doctors! ³⁹

To further weaken the position of his opponent, Roller even attacked the credibility of Jacobi, his own mentor and an expert whom he frequently cited in his own work:

I hope that it will be understood as a gesture of magnanimity on my part that I refuse to allow Hübsch to challenge me to a duel of authority by citing the name of Jacobi...Jacobi was an extremely melancholy man whose personality inclined him to treat patients more strictly than is common at Heidelberg. ⁴⁰

In the end, Roller and Voß were only forced to integrate a few minor practical suggestions regarding fire safety; wooden stairwells were replaced with stone and fire places with central heating (Russian stoves). But Hübsch's fundamental and thorough-going criticism had forced Roller and Voß to make the psychiatric logic governing their arrangement of asylum space far more explicit than they would otherwise have done. On September 22, 1835 Roller wrote to Voß, this "most important matter" requires that "we meet for some time before and after the local inspection, so that we have agreement

³⁹Roller's reply, p. 1-2.

⁴⁰Roller's reply, p. 4. It must be remembered that Roller was still director of the Heidelberg asylum at this point.

concerning the demands of the building.”⁴¹ Key issues raised by both parties in the course of this controversy will recur through out the rest of the chapter.

4.1.1 Either “Straight-Jacket of Mortar and Stone”

As vividly suggested by the “straight-jacket” image, the building was designed to restrict the patient’s freedom of movement. Unlike a cloth straight-jacket, which could only be applied to one person, a brick straight-jacket could be applied to constrain the movements of a whole community. Roller’s son, Christian, described the asylum in the following terms:

Naturally it is indisputable that the asylum, and the constraint of personal freedom exercised by the mere fact of confinement in and of itself constitutes a penetrating form of restraint.⁴²

The original German quotation was more suggestive than its English translation because it featured the English word ‘restraint.’ This was an explicit reference to the English *non-restraint* movement and associated the restraint of confinement with such physical instruments of restraint as belts, straight-jackets, gags etc. Unlike their English counterparts, Roller and his colleagues were not fundamentally opposed to the use of restraint.⁴³ Hergt, for example, deemed “blind” non-restraint to be “a one-sided interpretation of Humanitarianism.”⁴⁴ Their position has been described as “relative non-restraint” in the secondary literature.⁴⁵ Roller had gained an appreciation for the art of relativized

⁴¹Letter Roller to Voß, 22. September 1835. SA B 821/1.

⁴²“Of course it is undeniable that the asylum itself and the restrictions placed upon one’s personal freedom by virtue of confinement constitute a form of ‘Restraint’ in and of themselves.” Roller, *Kaiserswerth*, p. 74.

⁴³“No-restraint.” In: Roller, *Zeitfragen*, p. 78-90.

⁴⁴Hergt Biography. In: *AZP*, 47 (1891): 199-209, p. 206.

⁴⁵Cordula Geduldig, “Der relative Non-restraint (Christian F. Roller, 1802-1878).” In: *Die Behandlung von Geisteskranken ohne physischen Zwang. Die Rezeption des Non-Restraint im deutschen Sprachgebiet*. University of Zurich: PhD dissertation, 1975.

restraint from Jacobi whom he commended as “the expert who turned ‘constraint from outside into a general principle of treatment’”⁴⁶ But, in Roller’s opinion, Jacobi’s understanding of spatial restraint was limited by the fact that he had served as director of an asylum located in a former castle, Siegburg, and, therefore, was not familiar with the topic from first principles. Illenau was, by contrast, the culmination of spatial restraint in three dimensions.⁴⁷

By erecting spatial divisions along lines of class, sex and curability, the building curtailed the range of affective exchanges available to each patient. The asylum complex was comprised of a multitude of isolated sub-asylums which, in turn, were physically differentiated by their relative size, orientation on the asylum grounds and proximity to shared facilities. Each ward, or sub-asylum, constituted a unique life-world whose social order and physical atmosphere had been carefully calculated to generate a particular experience of communal cohesion. The multiplicity of patient classes at Illenau was reflected in a multiplicity of spaces.

4.1.1.1. The Ground Plans

Illenau was not the first purpose-built asylum in Germany. When construction began in 1839 several purpose-built asylums already existed through-out Europe. In Germany alone, three new asylums were already completed or in planning, Erlangen (1834), Sachsenberg (1827), Halle-Nietleben.⁴⁸ Superficially, Roller’s arrangements at Illenau

⁴⁶“Dieser Meister ist es, der ‘Beschränkung von außen zum allgemeinen Princip der Behandlung’ erhoben hat.” Roller, *Beziehungen*, p. 159.

⁴⁷Roller’s Reply.

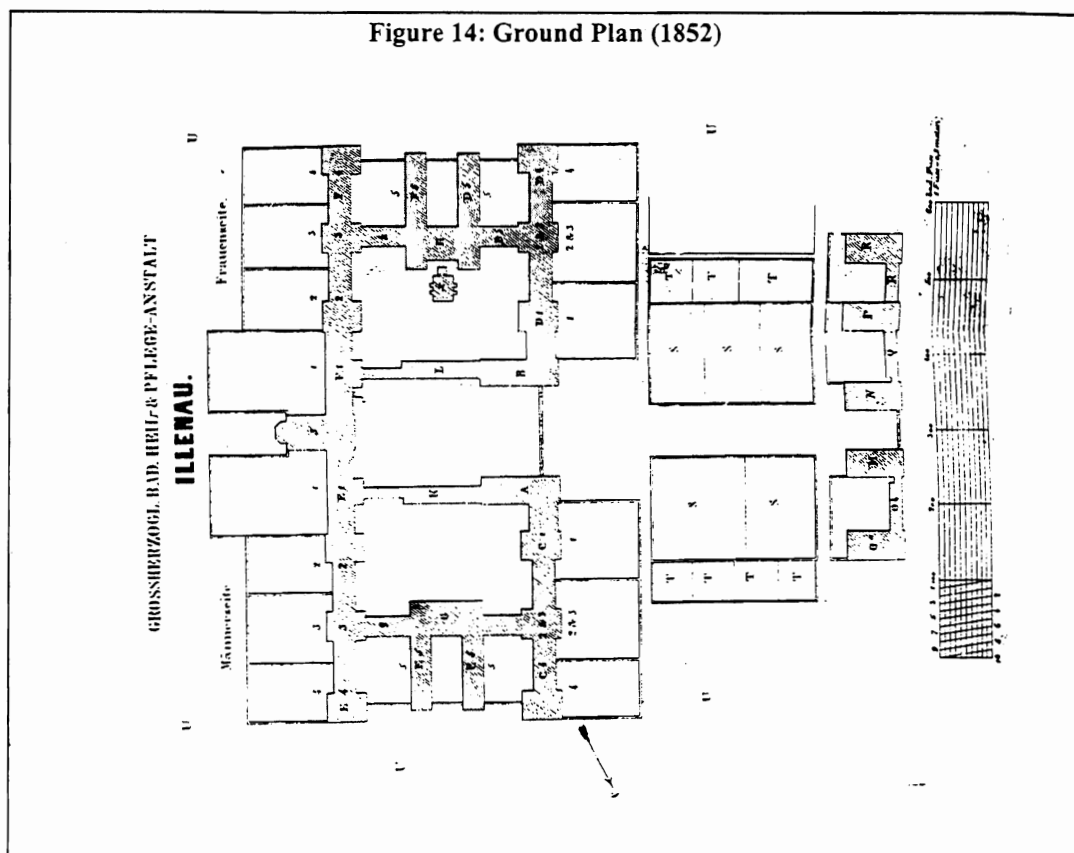
⁴⁸Roller, *Beleuchtung der von der medizinischen Facultät zu Heidelberg gegen die Errichtung der neuen badischen Irrenanstalt erhobenen Einwürfe*. Heidelberg, 1837, p. 16. Also: Friedrich Brandt, *Illenau in den sechs ersten Jahrzehnten seiner Wirksamkeit*, Karlsruhe: Fidelitas, 1903, p. 9.

resembled these earlier state asylums. As elsewhere, many members of the asylum community, i.e. employees, doctors and patients, lived and worked on the premises. So, the building had to cater to a wide range of needs both private and public.

4.1.1.1.1 Range of Facilities

A vast range of facilities had to be accommodated within the asylum building. Some facilities, such as work rooms and gardens, existed primarily to provide occupational opportunities for patients, while others, such as the kitchen, were indispensable for maintaining the infrastructure of the complex itself. Below is a list of the main facilities at Illenau:

Figure 14: Ground Plan (1852)



- A. Administrative offices
- B. Downstairs: kitchen, vegetable rooms. Upstairs: flats for the second doctor, Protestant chaplain and Catholic chaplain.
- C. Nursing section for men: upper class 1; middle class 2,3; noisy 4; raging 5
- D. Nursing section for women: like C
- E. Curative section for men: Pensioners 1; educated class 2; middle and lower class 3; 4 and 5
- F. Curative section for women: like E
- f. Baths. Upstairs flat for third doctor
- G. Workshops for tailor, cobbler, wood worker, carpenter, wagon maker, locksmith
- g. Baths for men.
- H. Laundry
- h. Baths for women
- x. Water pump, heating system
- J. Downstairs: Large assembly hall. Upstairs: church
- K. Columns
- L. Columns
- MN. Flats for attendants
- Oa Stalls for cows and chickens
- Ob Pig stalls
- P Bakery and coach house
- Q Slaughter-house
- R Woodshed
- SS Gardens for officials

(Figure 14, continued)
 TT Gardens for attendants
 UU Farm and garden land

This broad range of facilities sustained a wide array of services involving complex patterns of movement. To name but a few of the regular patterns: attendants went to church every morning, select patients went to their various workshops for occupational therapy but returned to their wards for lunch, deliveries of food and supplies were made to the wards all day long, patients were marched to the baths at all times of day, physicians conducted at least three medical rounds a day and the families of employees attended to domestic chores. The sheer density of activity through out the building is captured in Ackermann's vivid description of his office, the Bursar's room, a room which but for this description one might imagine to have been a relatively quiet corner:

In an office with two windows about the size of a normal living room four administrators (*Beamte*) worked pressed together in tightly confined quarters. They brushed each other with their shirt sleeves, so to speak. The office was responsible for processing all mail and keeping all accounts. There were constant arrivals and departures of administrators, doctors and servants who had something to request and announce, to deliver, to pick-up, or to ask. Each held the door for the next; and, as a rule, they did not restrict themselves to a brief exchange. There were negotiations, explanations, inquiries and controversies in charming multiplicity and infinite abundance. And things did not end there. The room would temporarily be declared a tea room (*Konversationsraum*). During these phases, Dr. Freyburger, the director's assistant, would jam the door to his office wide open at the front end, the head accountant Harter would open his door at the back end and then a gossiping would ensue about this and that and the other thing, about the broken gate and the dead calf, major Maier's electoral chances, the nutty ideas of the butcher Zais, a recent attempt to poison Harter, the inhabitability of Mars and about the skin of the accountant Ackermann. His skin lay in a crumpled little heap before his desk. He, the accountant, had been driven out of the same by rage because he could not escape from the infernal and nerve-racking chatter. So, now he dangled from the ceiling to which he was stuck by his own fat.⁴⁹

Noise management was a problem in the daily life of the asylum. There were frequent appeals in the *Weekly* for the asylum population to be more quiet. Doors along the corridor had a plaque attached to them reading: "quiet, quiet" (*Leise, Leise*). Controlling the noise levels was difficult because, "there is a great amount of activity in the building at most times, many patients like to make energetic use of their vocal cords

⁴⁹ Ackermann, *Erinnerungen*, p. 57-59.

and noise carries more easily than is desirable.” The delivery of coal, cleaning of rooms, and moving of furniture in any one part of the building inevitably implicated adjacent parts of the building. One patient wrote a poem on the problem of noise pollution which was featured in the *Illenau Weekly*⁵⁰ and an article on noise, probably authored by Hergt, concluded with the hope that the “fortissimo of D5 will gradually be tuned down to a gently ringing piano.”⁵¹

4.1.1.1.2 Sex and Class

From a medical perspective, the most important spatial arrangements were the ones dividing the patient population along lines of sex, curability and class. Sex and curability split the asylum along two cross-axes into four main sections (see ground plan above):

- A. Curative asylum
 - I. Men
 - II. Women
- B. Nursing asylum
 - I. Men
 - II. Women

Each of these sections was subdivided by four and five patient classes (these are the same classes as discussed in the section on ‘Asylum Class’). In total, the asylum comprised 18 different wards:⁵²

⁵⁰Was steht hier: Leise, leise / An allen Thüren dort? / Das ist des Hauses Weise / Das Illenauer Wort. / Ach, aber ach wie selten / In unserm großen Haus / Läßt man die Worte gelten, / Wie selten führt man’s aus! / Die Thüren / schmettern immer; / Horch, grad fängt’s wieder an! / Da geh’n drei Frauenzimmer / Und eine hat’s gethan. / Und heute war’s viel ärger, / Ein wahrer Donnerton! / Therese Riegelsberger / Erschrack wie ich davon. / Sie geh’n als Sängerinnen / Zum Saale hier nach D, / Sie werden wohl nicht innen, / Wie Lärm dem Kopf thut weh. / Drei waren’s, wie ich meine; / Und zwei hab’ ich erkannt, / Vom Bodensee die Eine, / Die Andre vom Schwabenland. / Und seh’ ich beide wieder, / So frag’ ich nach: warum? / Und klag’s durch meine Lieder / Dem ganzen Publikum. / Des wilden Heeres Weise / Laß ich den Wilden dort. / Mich freut es: “Leise, leise, Das Illenauer Wort.” In: IW, 1867, p. 40. [Note: Therese Riegelsberger was an attendant.]

⁵¹“Leise, Leise” In: IW, 1867, p. 33.

⁵²Depending upon how one partitioned the building, it was possible to count 20 different wards and the number cited varies in the asylum literature.

Amongst the curable patients (A) Illenau's ground plan recognized:

1. Patients from the higher, educated classes, i.e. Pensioners (*Pensionäre*)
2. Patients from normal educated classes, the so-called Distinguished ones (*Distinguierten*)
3. Patients from the professional classes (*Bürgerstand*) and farmers
4. Noisy patients (*Unruhige*)
5. Violent and unclean patients (*Tobenden, Unreine*)

Amongst the incurable patients (B) Illenau's ground plan divided:

6. Patients from the educated classes
7. Patients from the *Bürgerstand* and farmers
8. Noisy patients
9. Violent and unclean patients

An axis of symmetry divided the male and female wing. The number of male and female patients was equal, initially roughly 200 beds each. Two different tracks, one for men and one for women, led from the asylum to the outdoor swimming pools. Each wing had its own gardens facing away from the asylum, so that male and female patients could not watch each other from their respective windows. The nave of the church divided the congregation into male and female worshipers and two separate doors lead from each wing into the church. Occupational facilities were allocated to the appropriately gendered wing. So, for example, the laundry rooms and kitchen were housed on the female side of the building while the wood shed and tool rooms were located on the male side.⁵³ Despite these elaborate measures, the American psychiatrist Ray claimed that patients could "easily slip from one wing of the asylum into the other."⁵⁴

Given the effort and attention required to maintain the separation of sexes in a single institution, one wonders why Roller did not opt for two distinct institutions. He certainly recognized the advantages of such an arrangement:

As in every hospital, male patients must be separated from female ones; this is all the more important in an insane asylum because the sex drive (*Geschlechtstrieb*) of patients is often inflated. It would facilitate the building plans and simplify many arrangements if, as Jacobi has suggested, separate institutions for both sexes were to be constructed. This has been done here and there.⁵⁵

Complete separation of the sexes was not, however, conducive to the well-being of the *Gemüth*. In *Beziehungen* Roller quoted a passage from Reil saying that the individual *Gemüth* likes the company, or at least proximity, of the opposite sex: patients are either "too dull" to take notice of the opposite sex, in which case the arrangement can do them no harm, or they are still receptive to its charms, in which case total separation will cause

⁵³Roller, *Grundsätze*, p. 113.

⁵⁴Ray, *Observations*, p. 317.

⁵⁵Roller, *Grundsätze*, p. 90-91.

“gloom” and “rob them of that which gives the most spice to social interaction.”⁵⁶

Moreover, the collective *Gemüth* of the asylum community could only achieve a state of balanced heterogeneity through the combined labour, interaction and experience of men and women.⁵⁷

4.1.1.1.3 Curability

The horizontal axis of curability could not divide the building symmetrically, since Roller anticipated a ratio of 2:1 curable to incurable patients. Unlike the allocation of patients to wards by sex, the allocation by curability was contingent upon social considerations. For example, the highest class of patients, i.e. Pensioners, were only allocated to sections of the building designated for curable patients⁵⁸ – those who could afford to be classed as curable were *ipso facto* curable. To make Illenau’s axis of curability comprehensible, a short historical digression will be necessary.

Illenau was to be what Roller called a “relatively combined cure and nursing asylum” (*relative verbundene Heil- und Pflegeanstalt*) which meant that it treated both acute and chronic patients, or in his terminology, the curable and incurable (*heilbare* and *unheilbare*).⁵⁹ Roller’s *relatively combined* asylum was developed in response to an existing system which located the cure and nursing functions of asylums in two entirely

⁵⁶Roller, *Beziehungen*, p. 74.

⁵⁷Roller, *Zeitfragen*, p. 91-92.

⁵⁸Illenau was the most comprehensive realization of this style of asylum. Damerow used Hegelian philosophy to portray this asylum as a historical synthesis of the previous styles of asylum: 1) asylums in which curable and incurable patients were “unmittelbare Einheit der unvermittelten Gegensätze an sich”; 2) separate cure and nursing asylums “das Auseinanderfallen der unentwickelten Einheit in den Dualismus des Gegensatzes für sich”; 3) relatively combined asylums which, according to Damerow, were “Verbindung der entwickelten Gegensätze zur höheren Einheit an und für sich.” Dietrich Jetter calls Roller’s *Beziehungen* the “Programmschrift” of the relatively combined style of asylum. Jetter, *Grundzüge*, p. 38.

⁵⁹“Die ‘Relativ verbundene Heil- und Pflegeanstalt’ (1835-1855).” In: Jetter, *Hospital*, p 149-169.

separate institutions, the so-called “separate cure and nursing asylum” (*getrennte Heil- und Pflegeanstalt*).⁶⁰ Jetter identifies this system of separate asylums as the characteristic feature of Germany’s institutional topography in the first half of the 19th century. Roller and Damerow were the two most vocal advocates of this model. Damerow promoted it in the introduction to the first issue of the *Allgemeine Zeitschrift der Psychiatrie*, thereby linking that publication to an ideal of asylum management which he took to be a “higher synthesis” of the two previous institutional models, i.e. no separation and total separation, in the Hegelian sense. Damerow labeled the Illenau-style asylum a sort of “World Spirit in Walls” (*Weltgeist in Mauern*).⁶¹

By placing these formerly separated institutions under a single roof, Roller consolidated the care of acute and chronic patients in a single building. The *relatively combined* model had the advantage, Roller argued, of enabling physicians to move patients from the nursing wing to the curative wing as their condition warranted. The flexibility of this medical and spatial boundary was to be reflected in the fluidity of psychiatric speech. Roller suggested that instead of using the terms “curable” and “incurable,” terms which implied an essential difference between the two types of patient, physicians should speak of “patients in special treatment and patients not in special treatment,”⁶² phrases which conjured a wide spectrum of therapeutic practices. In 1846 the Pforzheim asylum was re-opened to alleviate problems of overcrowding at Illenau. This effectively eliminated the axis of curability since Pforzheim served as a *de facto* nursing asylum for the care of incurable patients. As a consequence, Pforzheim and

⁶⁰“Die getrennten Heil- und Pflegeanstalten’ (1800-1840).” In: Ibid., p. 119-149.

⁶¹Quoted in: Gerke, *Illenau*, p. 76.

⁶²Roller, *Grundsätze*, p. 93.

Illenau came to constitute an institutional pair of the kind associated with the earlier system of *separate* asylums to which Roller had opposed his *relatively combined* model.

Judgements over which patients were to remain at Illenau and which transferred to Pforzheim, in other words judgements of curability, were left to the discretion of the presiding director. There were many factors to consider. Private patients were less expensive. But, for purposes of medical training, it was important that the asylum maintain a representative patient population so that trainee doctors could develop an appreciation for the nature and variety of mental illness. On the whole, patients were kept at Illenau if they seemed to belong there, if they fit socially, if they helped the community to thrive. Fitness was not only a function of a patient's behaviour but of his or her place in the community. According to Roller, long-term patients were a valuable asset because "they impart stability and cohesiveness to the patient population."⁶³

Heinrich Gudden, one of Illenau's trainee psychiatrists who later served as personal medical consultant to the mad king Ludwig II of Bavaria (by whom he was drowned),⁶⁴ published an article in the *Allgemeine Zeitschrift der Psychiatrie* in which he pointed out that the "idea of separating curable and incurable patients as instantiated in the design of the [Illenau] building did not find realization in practice."⁶⁵ According to Gudden, Roller's *relatively combined* asylum had never made sense. He believed it to be a simple arithmetical fact that any asylum from which incurable patients are not forcefully removed will be dominated by a ratio of 10:1 incurable to curable patients. Yet, advocates of this model built their asylums in anticipation of a ratio of 1:1 or 2:1. Gudden called

⁶³Roller, *Beziehungen*, p. 78.

⁶⁴"Bernard Gudden." In: ADB, vol 49., p. 616-619. Also: Greg Krieg, *The Mad King: The Life and Times of Ludwig II of Bavaria*. Secaucus, NY: Birch Lane Press, 1996.

⁶⁵Heinrich Gudden, "Zur relativ verbundenen Irrenheil- und Pflege-Anstalt." In: AZP, 5 (1859), vol. 16, pp. 627-631, p. 632.

upon Roller and Damerow, the two most vocal proponents of the *relatively combined* model, to retract their earlier views, so that the erroneous organization of asylum space on the basis of this distinction might be avoided in the future.⁶⁶ His alternative proposal was that asylums be constructed and managed on what he called an *absolutely combined* model:

The principle of division between curable and incurable patients should, from the outset, be avoided; asylums which have for a long time been associated with this division and emphasized its importance, don't actually practice it in pure form and, if they were to practice it in pure form, would find the curative wing of the asylum reduced to a point of being virtually unusable and no longer capable of being subdivided into smaller wards. The cure and nursing functions of an asylum should not be separated from one another, rather they should be combined in *one* asylum – absolutely, not relatively – and this one asylum should be divided into sections and sub-sections according to sex, accommodation class and the degree to which each patient is able to participate in a communal way of life.⁶⁷

As the above quote reveals, Gudden's *absolutely combined* asylum recognized sexual distinctions, social divisions and fine gradations of sociability within the patient population. Gudden, like Roller, valued long-term patients because they form part of that "quiet, disciplining stalk of the patient population" which "represents the spirit of the house."⁶⁸

In large measure, Gudden's ideas squared with those of Roller. Yet, Roller never published a formal retraction of his earlier views. Presumably, he felt uncomfortable about acknowledging such a fundamental misconception at the very heart of his psychiatric program. It is a useful exercise to consider, however, why Roller did not opt for Gudden's *absolutely combined* asylum in the first place. Why did the *relatively combined* model capture his imagination? Gudden's article can provide some guidance in answering this question. According to him, the *relatively combined* asylum was a

⁶⁶Ibid., p. 632.

⁶⁷Ibid., p. 629.

⁶⁸Ibid., p. 628.

culturally contingent phenomenon: it “is of German origins and has not gained popularity outside of German territories.” What Gudden deemed a German phenomenon was a consequence of Roller’s vision of the asylum as an organism or, in other words, an internally differentiated cohesive whole for the regulation of *Gemüth*. Distinctions of sex, class and curability were all means of articulating that composite community that was so central to Roller’s ‘individualizing method.’ One reason for its initial appeal was, presumably, that the *relatively combined* asylum seemed more organic than the *absolutely combined* asylum insofar as it recognized curability and, thus, caputred in greater subtlety the multifariousness of *Gemüth*.

4.1.1.2 *Divide et Impera*

According to Roller, spatial segregation was the condition *sine qua non* of asylum management. “If anywhere then the principle of *divide et impera* must apply in an insane asylum.”⁶⁹ Failure to impose proper divisions on the organization of asylum space will undermine the orderly conduct of daily life, because without a well-structured asylum space, it is impossible to insure that the house rules are regularly observed.

Segregation (*Sonderung*) introduces fixed points around which to organize supervision; it furnishes the condition for creating and maintaining a generally applicable house order (*Hausordnung*). One must urge the construction of new buildings because old ones will not be able to meet these requirements.⁷⁰

Segregation as envisaged by Roller was achieved by two means: for one thing, the complex as a whole had to be “isolated” from society at large and, for another, the building had to be internally divided. Isolation from society was a fairly straight-forward matter:

⁶⁹“Wenn irgendwo, so bewährt sich das *divide et impera* im Irrenhaus.” Roller, *Grundsätze*, p. 3.

⁷⁰*Ibid.*, p. 89-90.

An insane asylum is best located outside of town. Life within the asylum should seem novel, foreign and far removed from life in a city or village. The small world of the asylum should follow its own course independently of, and without interruptions from, the larger world outside.⁷¹

The establishment of internal divisions was, by contrast, somewhat more complicated and entailed the “isolation” of separate classes of patients from each other:

For purposes of therapy and for the care of the patients it is not only necessary to insure their isolation (*Isolirung*) from the world outside but also to insure their isolation (*Isolirung*) from each other in separate patient classes. Readers not familiar with the personalities of an asylum should just try to imagine the colourful chaos of raging patients and melancholy ones, of people who have sunk below the level of animals through wild abandon and others who have lost their balance through the exploration of metaphysical truths, of the descendants of respected and dignified families and homeless vagabonds, of the recently afflicted and those restored, of curable and incurable patients – now tell me whether an orderly routine can be brought into this confusion by any means other than separating into distinct wards like and unlike.⁷²

The separation of classes within the asylum population depended in large measure on the size of the available premises and the institution as a whole. Roller and his colleagues argued that one of the prime advantages of a large asylum, an establishments exceeding 400 patients, was that it could accommodate the spatial division of classes and the specialization of tasks.

A large asylum has additional advantages. It is well-equipped to facilitate a thorough and restorative classification and thus to maintain a more complex ordering than is possible in smaller establishments where each ward containing only a few patients will have to be merged with another ward and where it is not possible to maintain certain divisions and where certain posts either will not be occupied at all or will result in a cumulation of posts.⁷³

Given the frequency with which the Illenau community was invoked by asylum officials, one could easily imagine that Roller might have endorsed a spatial arrangement which opened the lines of sight between different members of the asylum population to remind them of belonging to a larger community. But the opposite was the case. In his controversy with Hübsch, Roller repeatedly demonstrated an inclination to sever the lines

⁷¹Roller, *Beziehungen*, p. 66

⁷²Ibid., p. 72.

⁷³Roller, *Beleuchtung*, p. 13.

of sight and to insulate groups of from each other. Men and women were not to see each other, different treatment classes were not to see each other, patients and employees were not to see each other.⁷⁴ Some visitors even criticized Roller for having created an excessively fragmented asylum space; Crommelinck, for example, said that Roller's plan entailed so many sub-divisions that he "could not remember them all."⁷⁵

Roller condemned Hübsch's proposed asylum for neglecting such divisions and failing to erect spatial blinders between the various groups in the asylum population. Hübsch's planned cross-wing, Roller said, accommodates in a single space, the church, kitchen and vegetable rooms, laundry and pressing rooms, four workshops, flats for the pensioners and a few flats for employees; it "throws together many different groups of people, since employees, patients and visitors, would all have to pass through the same entry way which is not desirable" and would have employees and patients sharing a single stairway. Roller elaborated on the inadequacy of Hübsch's divisions at some length and finally concluded: "I could continue to draw out these and similar objections...but I am getting distinctly bored by the task at hand."⁷⁶

Isolation, as construed by Roller, was "the vital force of the asylum (*Lebenselement der Irrenanstalt*).⁷⁷ Yet Illenau's isolation was predicated upon the proximity of a medium-sized town, Achern, for the supply of skilled labour, schools for the children of employees, natural resources for the maintenance of asylum life and to serve as a half-way station for convalescent patients. Although nested in an illusion of

⁷⁴The advantages of the vertical distribution of wards over the horizontal distributions of wards are also discussed in: Roller, *Zeitfragen*, p. 107-108.

⁷⁵Crommelinck, *Rapports sur les hospices de l'Angleterre de la France et de l'Allemagne*. Courtrai: Jaspin, 1842, p. 245.

⁷⁶Roller's reply.

⁷⁷Roller, *Grundsätze*, p. 3.

isolation, Illenau was easily accessible from France, Italy, Austria, and England. Being a mere ten minute train ride away from Baden-Baden, a cultural Mecca, Illenau stood at the very heart of cosmopolitan Europe. More important than that the asylum *be* isolated was that it *appeared* isolated which it did because large portions of the surrounding landscape were protected by law from farming or development: Illenau “is not merely isolated for now, but for all eternity.”⁷⁸

4.1.1.2.1 Parallel Wards

Patients were not isolated by themselves in individual rooms but by groups in shared wards. Roller used words like ‘*Isolirung*’ (isolation) and ‘*Sonderung*’ (segregation) to describe the relation of wards vis-a-vis each other conjuring an image of multiple, self-enclosed spaces. In addition to the notion of ‘separation,’ these words conjure an image of multiple, self-enclosed spaces. Each ward cut vertically through the wings of the asylum even though Roller admitted that a horizontal principle of organization was, in many ways, more practical:⁷⁹

The horizontal arrangement is easier to realize from the point of view of construction, it requires fewer stairways and facilitates observation . But the vertical arrangements which we prefer...has the advantage that every living space has its own garden and that patients cannot look from their windows into the gardens of other patients.⁸⁰

Just as the Illenau community was comprised of multiple sub-communities, the building was comprised of a myriad of sub-asylums:⁸¹

At Illenau each ward constitutes a self-enclosed space with its own assembly hall, its own bed rooms, its own stairways and its own garden; no ward should dominate the others.⁸²...Some

⁷⁸“It will be isolated not only for now, but for all eternity.” Ibid., p. 28.

⁷⁹Roller’s reply, p. 10.

⁸⁰Roller, *Zeitfragen*, p. 108.

⁸¹Roller, *Grundsätze*, p. 11. Also: Beck, *Illenau*, p. 26.

people doubted that the planned separation between wards would also be able to be maintained in the gardens. But we believe the separation maintained within the complex and gardens to be one of the unique attractions of our establishment.⁸³

Patients were forbidden to leave their designated ward unless they had special permission, as specified in §67 of the House Rules:

Special permission is required for any exit of the patient beyond the boundaries of the space allocated to him for the conduct of his usual business, especially for walks, visits with attendants or patients of another ward, as well as of course for relocation from one accommodation to another.

The form of isolation which Roller and Voß strove to achieve at Illenau culminated in the creation of multiple yet distinct realms of reality, or “life-worlds”, which were rooted in the material conditions and ritualized forms of behaviour specific to each ward.

Asylum space was a composite space in which each ward had a vertical gradation from top to bottom; the top was the most private and comprised sleeping rooms, the bottom was the most public and comprised the assembly room. This distinction between private and public is only a relative distinction, however. The sleeping rooms were only semi-private since many patients lived in shared bedrooms and all patients, including upper class ones, shared their sleeping quarters with an attendant. Moreover, patients only had access to the restricted privacy of their bedrooms at night, when they were asleep. During the day, patients were supposed to remain in the public spaces on the lower floors, i.e. the assembly rooms, hallways and garden.⁸⁴ This arrangement prevented patients from withdrawing to solitary places. The asylum literature never says that Illenau was designed to discourage solitude. Yet, the configuration and use of space clearly illustrate that being alone was discouraged. This feature of Illenau’s design is in keeping with Roller’s theory of *Gemüth* and its healthy functioning. Since mental illness was, on

⁸²Roller, *Grundsätze*, 110.

⁸³IW, Nr. 48, 1878.

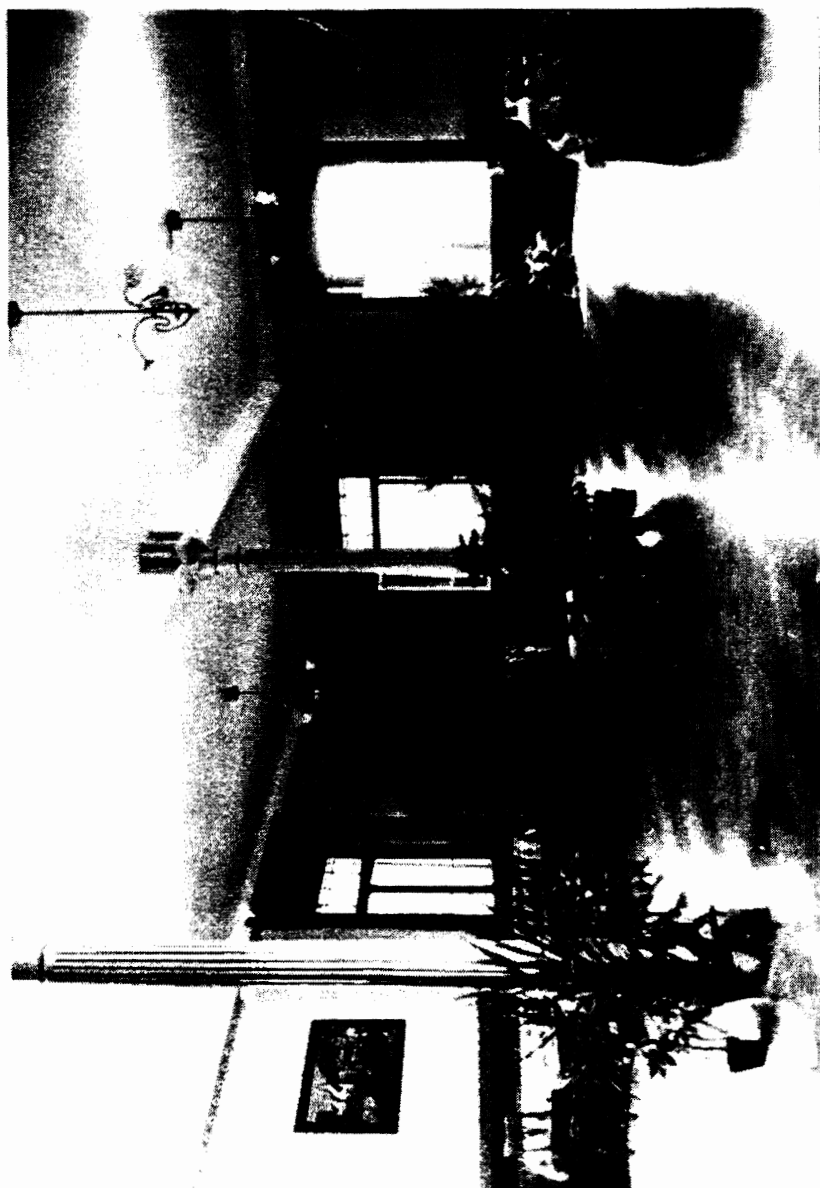
⁸⁴*Hausordnung*, §43.

his theory, intrinsically egotistical, the egotism of sickness could only be compounded by a person being physically isolated. Communal experience in communal spaces was a means of combating the self-centeredness of mad experience.

Figure 15: Assembly Hall



Figure 16: Sleeping Hall



One could argue that Illenau's so-called "Zellen" (cells) represented a counter-example to this spatial arrangement. The cells were tiny, dark and unfurnished cubicles for the solitary confinement of violent and unclean patients. Illenau had one row of cells for the male and female wing respectively. But since Illenau's cells were treated as an extreme measure to be used for periods of extreme behaviour, they are not representative of the norm. Hergt considered the isolation of patients in cells to be a "double-edged sword" that sometimes improved a patient's condition but often left irreversible damage.⁸⁵ But even the use of cells in daily psychiatric practice displayed a certain communitarian bias. In his referee's report, Hübsch criticized the cells for being "too small to accommodate a stove, bed and table." According to Roller, they were not "too small for an oven" since patients were only to occupy them at night. So, even the cell occupants were encouraged to spend day time periods in the communal areas.⁸⁶

Each accommodation class received an individually fitted space. In this way, each ward constituted a unique life-world with a distinct physical atmosphere and social fabric. As Roller said: "Admittedly farmers cannot be given their own farmhouse, but they should find a familiar atmosphere at the asylum."⁸⁷ The same observation applied to all other classes. Curable patients were, for example, located in the horizontal wing at the back of the asylum where they could benefit most from the spectacular views of the surrounding landscape. Incurable patients were located towards the front of the complex because they were not thought to benefit as much from aesthetic stimulation. The wards for incurable patients were located further away from the baths because they did not use the baths "as frequently as curable ones."⁸⁸ The rooms for noisy patients opened onto a

⁸⁵Hergt, *Seelenstörung*, p. 812.

⁸⁶Roller's reply, p. 5.

⁸⁷Roller, *Beziehungen*, p. 98.

⁸⁸Voß's Reply.

smaller courtyard than those for quiet patients and the cells for violent patients opened onto even smaller courts. The unique character of each ward was accentuated in an individual slogan being placed over the entrance to each ward:

C4 Consider what remains to be achieved! Forget what you have already accomplished!

C5 Carry the weight upon your shoulders, so as to relieve others!

E1 Praise the Lord, my dear, and don't forget the good he has done you!

F1 I raise my eyes to the mountains from which help comes to me.

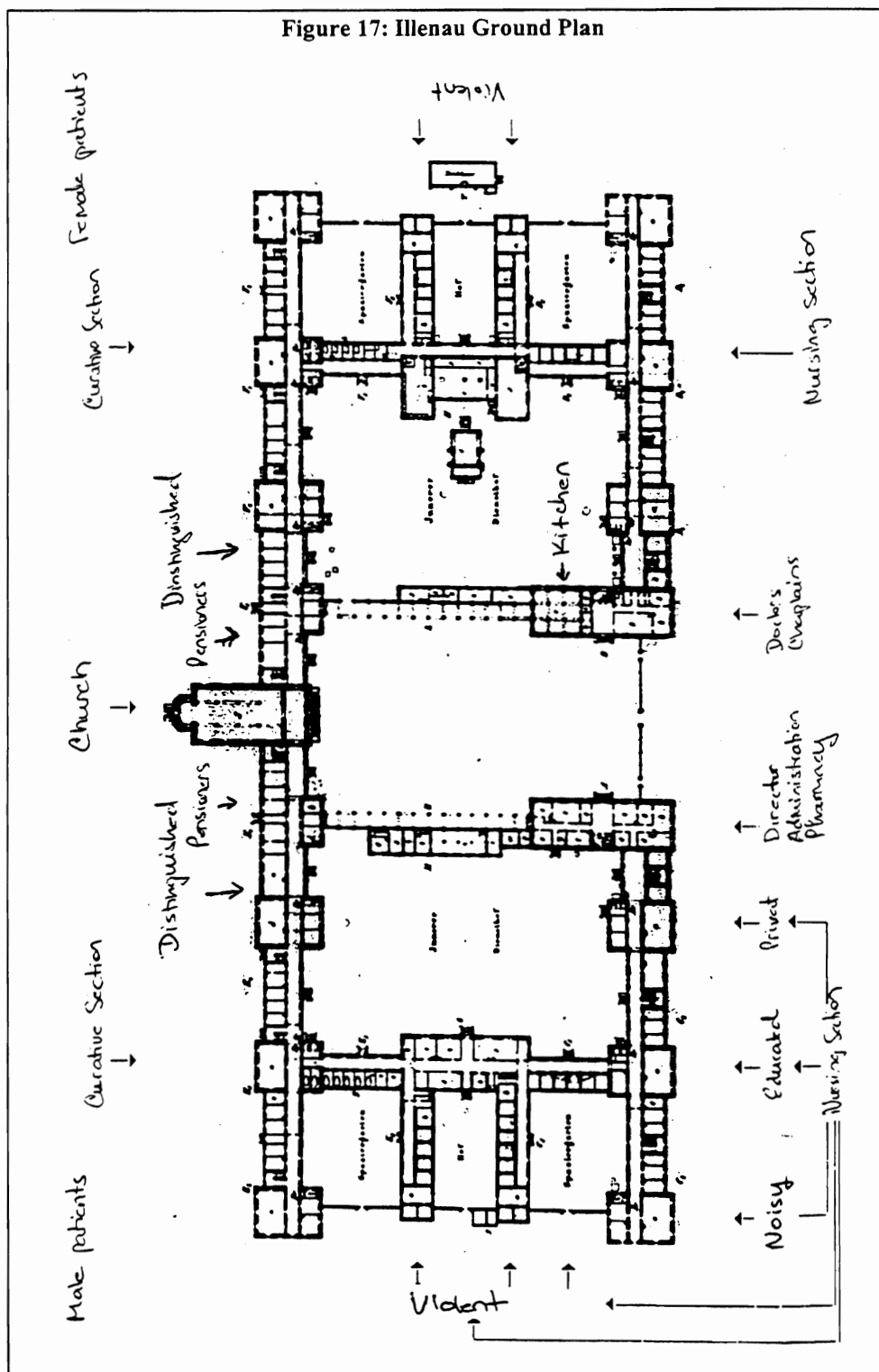
F5 All things are temporary, God's Love is eternal.

D3 Nursing the sick will be your own salvation⁸⁹

Even the fences separating wards were tailored to the specific life-worlds they divided. Illenau did not rely upon a single, continuous outer wall to restrict the movement of patients in its care. Instead, the asylum's wall was comprised of a series of specialized wall segments individually tailored to the character of the ward which they enclosed: quiet patients had a picket fence, restless patients were enclosed by a higher wall to prevent escapes but not so high as to obstruct a clear view of the outside.

⁸⁹ Illenau's *Goldenes Jubelfest*, 27. September, 1892, p. 51.

Figure 17: Illenau Ground Plan



The corridors, stretching through the entire building, were wide, light, open, furnished and attractive spaces designed to serve as indoor recreation areas in bad weather (see illustration in appendix).⁹⁰ They were deliberately social areas where patients and attendants were allowed to smoke, although not too many at one time, whereas smoking was not allowed in the private quarters.⁹¹ Being conduits through the asylum, the corridors were traversed in their entirety three times a day by the doctors and chaplains on their inspection rounds. Meyer complained of the distances he had to walk during his training period just to complete the medical rounds.⁹² In order to facilitate the medical visitations, patients were lined up in the hallways or in the assembly halls before the physicians appeared. These group inspections are a further demonstration of the communal bias of psychiatric practice at Illenau.

4.1.1.2.2 Rigid Spaces

One consequence of Roller's diversification of parallel wards was that it carved a fairly rigid conception of the patient population into asylum space suggesting that the composition of that population would be immutable. Roller calculated the exact number of beds needed in a state asylum for a territory the size of Baden, the precise number of beds needed on each ward and the precise arrangement of space suitable for each class. Jetter said that "Roller's hierarchy was as rigid (*starr*) as his ground plans" and blames this rigidity for the decline of Illenau's prominence after the Roller-era. Had Roller erected a less compartmentalized building, Jetter maintained, then the asylum could more

⁹⁰Roller, *Illenau*, 1852, p. 206. During period of over-crowding patient would sleep on beds in the corridors. In: Schüle, *Das goldene Jubelfest*, p. 21.

⁹¹IW, Nr. 50, 1878.

⁹²Meyer, *Lemgo-bericht*.

easily have adapted to the changing composition and increasing size of the patient population.⁹³

The rigidity of Roller's building plan was evidenced by his design of the hallways which were interrupted on the third floor by enlarged sleeping halls filling the entire width of the space. These interrupted hallways became a point of contention in the argument between the Illenau architects and Hübsch. According to Hübsch, the interrupted hallways violated principles of architectural composition and, like Jetter, he maintained that they would prevent later adjustment of the relative size of wards. According to Voß, however, a continuous hallway would not improve the "architectural composition or beauty or functionality of the building." The corridors are not interrupted by rooms on the ground floor where, Roller added, "patients walk around during the day." The enlarged halls increase the available sleeping space and, as Voß pointed out, can be easily amended by "moving a wall if it should prove inconvenient later." Roller concluded on a typically acerbic note:

*Oberbaurath Hübsch criticized our plans for not anticipating future changes and alterations to the building in accordance with the needs of later directors...To asses whether or not my plan meets the requirements of future directors would demand a sublime understanding, a visionary power to see into the depths of science of which I cannot boast. All I can say is that I, the living director, object to Hübsch's sketches – and the living one shall be given right. I intend to claim this right and to protest, with all the energy that I can possibly muster, against Hübsch's sketches.*⁹⁴

In practice, Illenau's space was less rigid than it appeared to Jetter and Hübsch. Illenau officials allowed the needs of patients to cut across the asylum's pre-conceived spatial configuration. The *Illenau Weekly*, for example, reported the following case of a female patient:

In the first days of this month a long-term inhabitant of Illenau, actually a friend, vacated her apartment on the third floor for one she preferred downstairs which has been arranged at the expense of her attentive mother in a manner according to our friend's impeccable taste. It has

⁹³Jetter, *Zur Typologie des Irrenhauses in Frankreich und Deutschland*. 1971, p. 157.

⁹⁴Roller's reply, p. 11.

received general approval. Illenau's chroniclers are undecided over whether she chose to move owing to a pious desire to abase herself, the relative comfort of a ground floor flat, or a symbolic move to the Netherlands (this is a pun on the German word '*Niederlande*' which literally means 'Low-lands') but they agree in wishing her well and in hoping that the new apartment will bring joy and peace.⁹⁵

The reference to the Netherlands and the tone of this entry, i.e. calling the patient a "friend," indicate that the patient in question was Catherine Pillera, a long-term patient from the Netherlands who was blind.⁹⁶ Although the building had not provisions for blind patients, her blindness would have been one of the reasons why she preferred a ground floor flat and, so, exceptional arrangements were made.

4.1.1.2.3 Alluring Irregularity

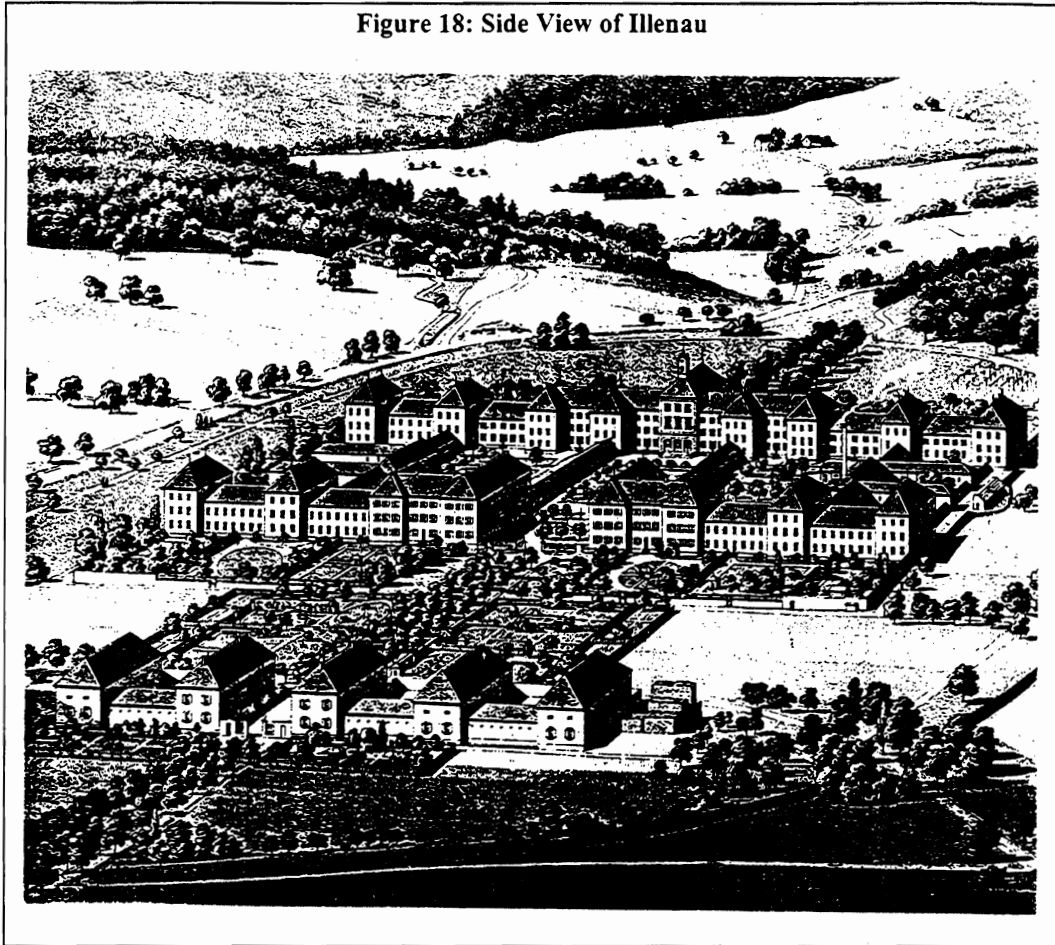
The Illenau architects strove to avoid consistency, monotony and homogeneity in their design of the complex as a whole. Hübsch disapproved of the measures introduced to achieve this effect. "The wings of the front facade are discontinuous...they are interrupted by a relatively small gap" and "the pavilions of varying width are not in harmony with each other." Furthermore, he claimed, "the side wings will stand out unpleasantly due to frequent fluctuation in the height of the roof between two and three story segments of the building." Hübsch was not the only person to find the fluctuation of the height of the roof irritating. The Belgian psychiatrist Crommelinck said that "without rime or reason, the building presents at times three stories, at times two and occasionally only one."⁹⁷ Such fluctuations made the shape of the complex irregular in both height and width.

⁹⁵IW, 1868, Nr. 42.

⁹⁶PR, Catherine Pillera.

⁹⁷Crommelinck, Rapports sur les hospices de l'Angleterre, de la France et de l'Allemagne. Courtrai: Jaspin, p. 1842, p. 244.

Figure 18: Side View of Illenau



Voß replied, however, that there was no general principle against asymmetry. The fluctuations, he said, are a deliberate feature of the asylum design:

The fact that the front wings do not form a continuous front is not a mistake of architectural composition. There is no reason why a one floor high side wing punctuated by three floor high end pavilions should be any less attractive, than a three story high central building surrounded by a closed ring of one story high buildings...the alleged violation of symmetry [caused by having two main wings to the front of the asylum] would, if taken as a general principle, imply that there is hardly a building in Germany which does not violate the same principle since castles, hospitals and hospices generally have the same wing structure.⁹⁸

⁹⁸Voß's Reply.

Roller seconded Voß's opinion but brought the argument back to matters of immediate psychiatric relevance. He explicitly criticized Hübsch's plans for making the facade of the complex too "regular and even" which is not a desirable effect for a long facade. Moreover, he observed, Hübsch's plans eliminate the last opportunity for "providing an interruption" because "even the church is hidden." Failing to use an opportunity for breaking the monotony of a smooth facade was, from Roller's perspective, a violation of psychiatric principles. Roller deemed Hübsch's plans unsuitable because, amongst many other flaws, "The first impression of his asylum would present to the eye of the patient a large impenetrable mass."⁹⁹

What does this reference to "a large impenetrable mass" mean? Why was Illenau not equally "a large impenetrable mass" since all of its wards and services were located in a single continuous building? For Roller the difference consisted in the organization of the two proposed complexes:

The various spatial components must be appropriately separated and yet also sufficiently linked with one another and with the center of the complex...It is very important that one can arrive at every component part from the center of the asylum without, thereby, turning other components into passage ways. In the center should be placed the church, the offices of the management and the kitchen which must also be directly linked with the outside world.¹⁰⁰

In the words of the French psychiatrist Falret, a contemporary of Roller's, the Illenau architects "managed to find an arrangement in their plans that is strikingly fragmented without, however, entirely dispensing with centralization," where 'centralization' designated the cohesive functioning of an organism.¹⁰¹ Illenau was a composite, differentiated and structured whole and this fact about its spatial ordering was reflected in its facade.

⁹⁹Roller's reply, p. 8.

¹⁰⁰Roller, *Grundsätze*, p. 112-113.

¹⁰¹Falret, *Visite*, p. 12.

In the execution of a simple plan comprehensible even to the non-specialist it is apparent to the inner satisfaction of all that the requirements of the task at hand were placed above all else.¹⁰²

The Illenau architects had devised a building whose structure mirrored the structure of the healthy *Gemüth*; it combined the heterogeneity of isolated wards in the totality of the building. Hübsch, by contrast, had sketched an undifferentiated mass of space that was the architectural equivalent of mad experience.

4.1.2 Or “Château de Plaisir”

According to Roller, the first patients to arrive at Illenau in 1843 “gasped at the sublime beauty of the complex.”¹⁰³ Illenau was colloquially referred to as “a castle for fools” (*Ein Schloss für Narren*),¹⁰⁴ a phrase which conjures lavish and opulent grounds. Some of Roller’s distant colleagues regarded Illenau’s premises to be extravagant. Mahir rejected the asylum as “too colossal and beautiful”¹⁰⁵ and Crommelinck disparaged its elegance as “useless, capricious and absurd.”¹⁰⁶ The medical faculty at the university of Heidelberg accused Roller of erecting “a costly and burdensome illusion...for his own advantage.”¹⁰⁷

One observer was sufficiently amused by Roller’s faith in the power of aesthetic healing that he made light of the whole enterprise in the *Illenau Weekly* caricaturing the asylum as an elaborate duck farm. The article describes an eccentric farmer who has built his quacking charges a glorious pond with rose bushes and sculpted gardens. The article

¹⁰²Roller, *Illenau*, 1852, 204.

¹⁰³Brandt, *Illenau*, p. 7.

¹⁰⁴Letter from Roller to his wife. Lötsch, *unpublished manuscript*.

¹⁰⁵Oscar Mahir, *Ueber Irren-Heilanstalten, Pflege und Behandlung der Geisteskranken*. Stuttgart und Tübingen: J.G. Cotta’schen Buchhandlung, 1846, p. 183.

¹⁰⁶Crommelinck, *Rapport*.

¹⁰⁷Roller, *Beleuchtung*, p. 9.

mimicked Roller's medical jargon by claiming that the luxurious environment has had a "unifying and ennobling" effect on the ducks; these were the terms Roller commonly used to describe the effect of asylum life.¹⁰⁸

The author of this piece was delighted to be able to witness three exemplary specimens [ducks] waddling through the zoological garden and could see in the expression and movements of the same, what an uplifting and ennobling influence the environment had had upon their *Gemüth* and manners...The construction itself is built in the finest bowling alley style with two floors; the lower floor is for the rare water and swamp birds, the upper floor is for the more common fowl who have their own bridge with steps. Unfortunately, the author was not allowed to inspect the upper floor because the owner values highly the importance of evening rest and quiet family time. But he described to me the delightful sight presented when the cock makes his entrance in the evening and behind him follow in consecutive, egg-laying glory – each occupying one step – the chickens. And, before they enter their home the cock gives something between a grunt and a cackle as the key note of a song in which he holds the dulcet center while his chorus of live-in companions standing behind him gives answer. The author believes that this description is further enhanced by imagining joined to this concert Illenau's peacock who, previously misunderstood and neglected, has now assumed an honourable position in the chorus and joins in the evening singing lessons whose melodious strength has been noted with appreciation by inhabitants of the near-by town. The simple facade is interrupted in the most appealing fashion by two windows, which are made of rainbow coloured glass in square shapes; inside one can see frescos heightening the charm of the inside...The author would also like to commend the owner's intentions of building the more educated ducks their own pond in a separate garden for bathing in; towards that end and in consideration of the aesthetic needs of his charges, he has already begun to decorate the path to the pond with rose and hyacinth bushes.¹⁰⁹

The cultivation of duck farms is mentioned in the asylum literature from different national contexts.¹¹⁰ The Emmendingen asylum still boasts a duck farm to this day, although its quality is, like the asylum building, not quite as refined as the one at Illenau.¹¹¹

Much of the controversy between the Illenau architects and Hübsch centered on disagreements over the distribution of the general facilities, i.e. kitchen, baths, church.

¹⁰⁸The same year an article in the *Weekly* reported on how "asylum life exercises an ennobling influence on patients." Compare: *IW*, 9, 1868.

¹⁰⁹*IW*, Nr. 5, 1867.

¹¹⁰Keir Waddington, "Bedlam – a Victorian Asylum." Presentation, Wellcome Institute, 1996.

¹¹¹The imagery of a duck farm on the asylum grounds is uncannily appropriate in light of Dorothy Sayer's pronouncement: "How fleeting are all human passions compared with the massive continuity of ducks." Dorothy Sayers, *Gaudy Night*. London, 1981 (1935), p. 285.

For Hübsch efficiency was the main concern, for Roller and Voß comfort. With respect to the kitchen, for example, Hübsch complained that it was in Roller's plan located "at a considerable distance from certain wards so that meals will have to be carried outside the building across a distance of 500-600 feet." Voß could not deny this charge but pointed out that attendants were not exactly "forced" to go outside:

Although the kitchen is further away from some wards than others, the distance is less than 500-600 feet. In theory it would be possible to reach every ward from the kitchen through the corridors of the complex. But that would require attendants to negotiate many doors and to take a detour through the main building along the back of the asylum through the quarters of the higher class of patients, thereby causing significant disturbance to them. It is more practical to step outside for the transportation of food and, surely, a couple of steps more or less will hardly make a significant difference.¹¹²

Roller was even more condescending about questions of efficiency:

[In my plans] one ward serves as a passage way for another as seldom as possible (it can't be entirely avoided)...*Oberbaurath* Hübsch is so preoccupied with the gastronomic needs of patients that he has certain wards being marched through twelve times a day by the patients of other wards...In comparison, to such disruptions for patients, the disadvantages for attendants carrying the food outside disappear almost entirely...the two or three attendants responsible for the distribution of meals will surely be able to agonize through a few minutes of bad weather from time to time with their little covered trolleys.¹¹³

A female patient mentioned earlier wrote in a letter to her family that having feared Illenau would be a mere "maison de santé" she discovered upon her arrival a "château de plaisir." Her choice of images suggests that, at least for her, the building existed to cater to her every desire presenting to her senses an endless array of pleasurable impressions. The intention of the Illenau architects were less luxuriating and extravagant than this image implies. But they did believe that an aesthetic balance in the physical arrangement of asylum space could combat, and even neutralize, the imbalance of *Gemüth* suffered by those afflicted with mental illness. Indeed, the premises were

¹¹²Voß's reply.

¹¹³Roller's reply, p. 4.

selected to produce a particular sensory experience which was believed to have desirable psychological ramifications.

Roller maintained that the aesthetic appeal of the building “uplifts the morale of patients”¹¹⁴ by showing patients they are not “forgotten and shunned pariahs of society.” Since society still cared for them, there was evidently hope for recovery. Towards this end, the asylum emulated the recuperative atmosphere of near-by bathing resorts. Illenau’s landscape was valued for its heterogeneous composition and the diversity of sensory impressions it afforded. The whole complex was designed to appear “friendly and open” at first sight avoiding all uniformity, transparency and angularity.

4.1.2.1 The Asylum as Spa

The range of locations suggested as possible sites for Illenau is indicative of the institutional models which informed Roller’s vision of the asylum. He rejected several monasteries and castles proposed by the ministry: Schuttern, Schwarzbach, Thennenbach, St. Peter, Ettenheimmünster, Heitersheim.¹¹⁵ Their spatial arrangements, he argued, would interfere with the therapeutic purpose of the asylum:

It is acceptable to build new hospitals; and yet it is supposed to be sufficient that an insane asylum, which requires a number of peculiar arrangements, be located in an old castle or monastery.¹¹⁶

This same objection evidently did not apply to an abandoned spa, however. One of the first locations to receive Roller’s approval was the Hubbad, a site which had formerly been a spa resort. Amongst its advantages was a natural water spring at 23° and the “friendly character” of the building which, according to Roller, was ideally suited for an

¹¹⁴Roller, *Beziehungen*, p. 63.

¹¹⁵Roller, *Grundsätze*, p. 3.

¹¹⁶*Ibid.*, p. 7.

asylum. In a written assessment of the site, Roller recommended that the name Hubbad be kept for the asylum because “a trip to the spa sounds so much more appealing than the transferral to an asylum.”¹¹⁷ Contracts for the acquisition of this site were already being drawn up, when Voß found an even more suitable property just outside the small town of Achern.

From the ministry’s perspective, Achern had several advantages over the Hubbad. It was located in the Ortenau, a region in need of the infusion of jobs and capital which the construction of a large state establishment would entail. It was also well-placed in terms of the state’s infrastructure, an important consideration since Illenau was the sole state asylum providing psychiatric care for the entire duchy of Baden. Achern was located roughly in the middle of the long and thin territory of Baden and, so, was easily accessible from all regions.¹¹⁸

The relations between an asylum and the region from which the patients are to be transferred, can only obtain a certain quality, if the asylum is located in the center of the region from where it directs and regulates the mental health care of a whole province for which it is responsible.¹¹⁹

The Achern property bordered one of the lines of the planned network of train tracks which were being laid across the state. Once completed, the train would facilitate the transportation of patients from all regions to the asylum. Roller hoped that Achern might receive its own station – a hope, no doubt, made all the more likely by the construction of a large state institution in its near vicinity.¹²⁰ Roller was not disappointed. In the end, trains were even equipped with a special wagon for the transportation of mentally ill patients.¹²¹

¹¹⁷ Roller, *Beziehungen*, p. 93.

¹¹⁸ Roller, *Grundsätze*, p. 28.

¹¹⁹ Roller, *Grundsätze*, p. 83.

¹²⁰ *Ibid.*, p. 28.

¹²¹ Legislation for asylum related train travel published in: Roller, *Illenau*, 1852, p. 169-170.

Asylum officials frequently compared Illenau's premises with those of local spa resorts. Brochures advertising the asylum to prospective private patients associated Illenau with the flourishing spa industry in the region around Achern:

Busy traffic keeps the region alive. The charmingly situated Erlenbad is hardly a half an hour away, somewhat further is the sweet (*lieblich*) Hubbad. Both of these [spas] draw their water from the same source as Baden-Baden and collect many summer guests; they serve as gathering places for groups from around the region and beyond the Rhine. Several manor homes decorate the landscape. The healthy mineral water sources are available in the Rench valley, i.e. the acidic, sulphurous, salt and metal springs of Antogast, Freiersbach, Petersthal and Griesbach, are all close enough to be within a day's reach. Rippoldsau is not much further away. So, mineral waters of all sorts can be obtained whenever needed.¹²²

Roller frequently bragged that Illenau was only a quarter of an hour train ride away from the resort town of Baden-Baden and articles in the *Illenau Weekly* attest that visitors of each establishment would regularly visit the other. Social occasions, such as anniversaries and concerts, served as opportunities for the two communities to mingle.¹²³

Illenau's baths provided a further point of contact between the asylum and spa. Earle noted that "ample provision is made for bathing, which performs an important role in the restorative treatment" at Illenau.¹²⁴ Illenau officials took evident pride in their bathing facilities and the hydrotherapy available to patients. Hergt spoke of the asylums "essential water facilities" with a "wonderful wave pool" the "outdoors swimming holes" and "indoor hall pools."¹²⁵ Curable patients took the waters daily (see picture of bath below). There was an outdoor swimming pool for men, a separate outdoor pool for women, three bathing facilities for the male and female wing respectively and a set of luxury baths reserved for higher class patients. The packing instructions for patients

¹²²Roller, *Grundsätze*, p. 29.

¹²³Roller, *Grundsätze*, p. 10, 29. A long account of a day spent by Illenau members in Baden-Baden featured in the *Weekly*. IW, 28, 1876.

¹²⁴Earle, *Institutions*, p. 181.

¹²⁵IW, 11, 1878.

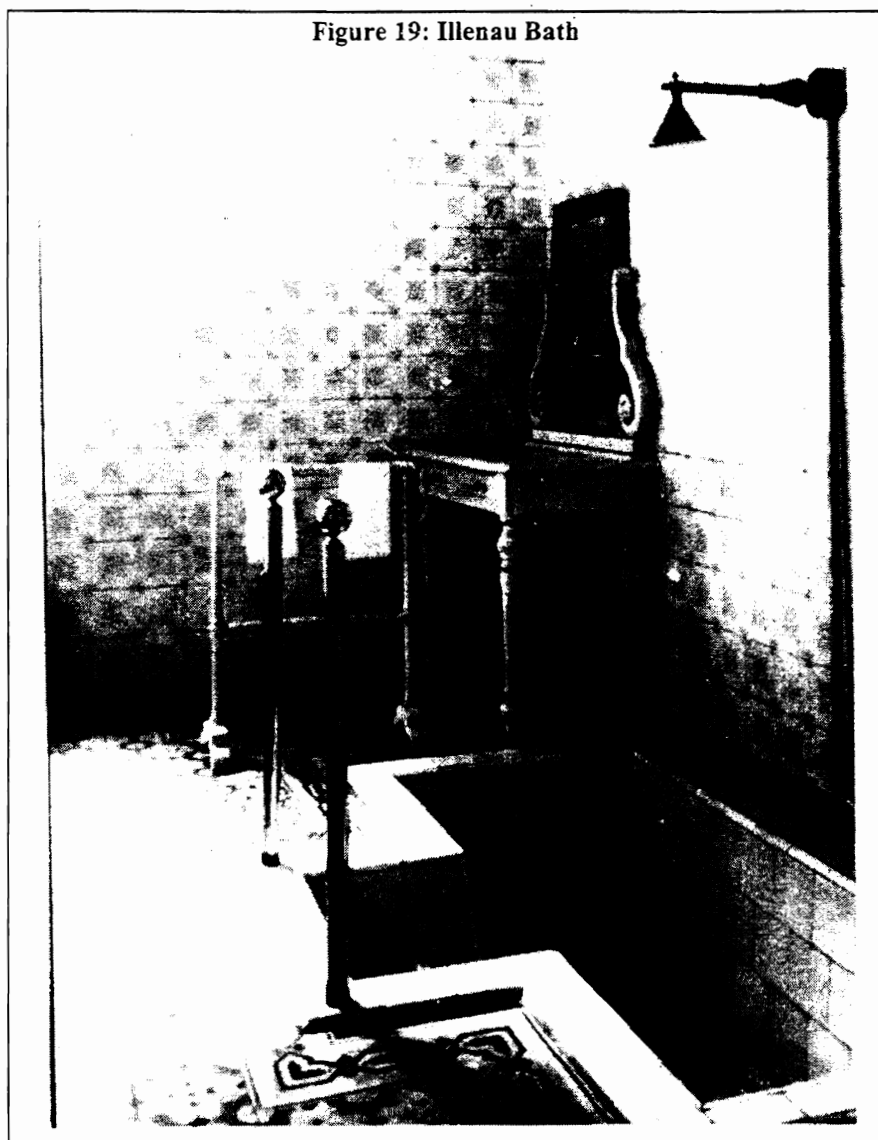
preparing for their transferral to the asylum equated the two experiences: "Wealthy patients should be given the personal effects that they would take on a trip to the spa (*Badekur*). Clothing, bedding, toiletries, a bed and furniture is provided by the asylum."¹²⁶ The similarities between an Illenau-style asylum and the spa were apparent to Roller's contemporaries. In 1846 Schnitzer published a medical textbook on psychiatric therapy with one chapter devoted to the design and management of asylums. The chapter, essentially a re-hash of Roller's *Beziehungen*, urges the spa as a model for the asylum on the grounds that it is built for "gemütlichkeit:"

The whole complex must resemble a large spa house near a hot water spring that does not through its own opulence make a mockery of the suffering of those who have come there for treatment. The loveliness, cheerfulness and comfort (*Anmuth, Erfreulichkeit, Gemüthlichkeit*) of such a house must be used to help the unhappy patient forget the time during which he finds himself undergoing a long course of treatment separated from his loved ones.¹²⁷

¹²⁶ Roller, *Illenau*, 1852, p. 44.

¹²⁷ A. Schnitzer, *Allgemeine Pathologie und Therapie der Geisteskrankheiten*. Leipzig: Brockhaus, 1846, p. 236. Although Schnitzer does not cite Roller in the text, he copied long passages from Roller's *Beziehungen* and acknowledged in the introduction that he relied extensively on Roller's book.

Figure 19: Illenau Bath



But there were also limitations to the spa-like character of Illenau's baths. Lay people, for example, had a greater fear of psychiatric water cures than of spa treatments. Laehr cites an anecdote of a farmer who, upon learning of his wife's death, demanded to be shown the baths which he imagined to be "chambers of horror for the infliction of water tortures – as is so widely believed in the general population." Having inspected the baths and found them to be "appointed in a friendly and spacious manner," the farmer is

alleged to have been “visibly relieved.”¹²⁸ Such fears were not wholly unfounded. Patients suffering melancholy could be prescribed baths in lukewarm water lasting between three and four hours.¹²⁹ Roller recommended securing unruly patients into the bath with belts and straps. If all else failed, there was always the extreme measure of placing a lid on the bathtub with only a hole for the patient’s head. The use of this lid was discouraged at Illenau on the grounds that “patients tend to bruise their necks while trying to escape from the bath.”¹³⁰

The memoirs of the patient Hansjakob include a long passage on Illenau’s baths. By the time of his stay in 1894 the baths had fallen far below the standard available in spas and even many private homes. But, Hansjakob conceded, they were “considered exemplary facilities” when the asylum first opened. Even though standards of hygiene shifted during the second half of the 19th century, the passage will be quoted because it captures some of the sensory quality of an Illenau bath:

When the Baden government built the Illenau asylum in 1842 spending the equivalent of two million marks in today’s money, these [baths] were considered exemplary facilities. Today, fifty years of culture later, they lack many of the comforts which people today have come to expect...The baths are considered to be one of the main therapeutic instruments of the house. So, there should be a bathing facility on every floor, this is what every well-established *Bürger* today can expect. But the entire male wing only has three or four bathing cabinets, and can you imagine the state they are in? Every evening I had to embark on a short voyage through the cold, gloomy, draughty hallways in order to arrive at a cabinet that was not twice as long as I am tall until; eventually, I gave up bathing as a health risk. Moreover, the baths were located in the midst of impatient, noisy and screaming patients. Every time I heard a madman screaming while sitting in the bath it was a spine-chilling event. This is surely no sedative for a neurasthenic patient!¹³¹

Differences between the asylum and spa extended beyond the baths themselves. Marienbad, Karlsbad and Baden-Baden, for example, featured gambling as a common

¹²⁸ Laehr, *Irrsein*.

¹²⁹ Hergt, *Seelenstörung*, p. 823 (follows a three page discussion of the use of baths).

¹³⁰ Roller, *Beziehungen*, p. 120.

¹³¹ Hansjakob, *Kranken Tagen*, p. 109.

leisure activity. Gambling symbolized a dimension of spa life that was entirely absent from asylum life, namely the dimension of chance. A trip to the spa not only enabled the playing of games of chance, it also turned life itself into a game of chance. Cartoons and novels, such as Dostojewsky's tale of Baden-Baden, depicted the spa trip as involving interactions between people across a much broader social and cultural spectrum than was possible in normal society. Romantic adventures also figure prominently in this literature; an amorous dalliance in the course of a *Kur* was an entrenched social institution, although perhaps more so for men than women. Adventure, novelty, and exoticism all contributed to the mystic of the spa.¹³² But these dimensions of spa life most decidedly did not find expression at Illenau where arbitrary, unpredictable and foreign experiences would have been deemed profoundly threatening to social order and, hence, mental stability.

[The amusements offered in] luxurious pleasure parks cannot and may not be introduced into an institution whose main character is to be a hospital and a Christian hospital at that!¹³³

Illenau only emulated select dimensions of the spa experience that were seen to contribute towards a regime of mental and physical hygiene.¹³⁴

4.1.2.2 Immersion in a Curative Land

In the final round of negotiations for the asylum's location in 1835, three bids were on the table: Hubbad, Ettlingen and Achem. All three locations scored highly with respect to air quality, water availability, safety of the terrain, and size of the allotment.¹³⁵ The

¹³²These dimensions of spa life were spelled out by David Blackbourn in a talk on "European Spa Culture" at a Birkbeck conference on "The Age of Hawsbaum," July 1997.

¹³³IW, Nr. 25, 1870.

¹³⁴"Zur Diätik des Leibes und der Seele." In: IW, Nr. 11, 1868.

¹³⁵Roller, *Grundsätze*, p. vi.

choice of the Achern site was determined, in part, by its aesthetic appeal. Although descriptions of this landscape are often in the mode of Romantic landscape worship and conjure images of a Casper David Friedrich valley, its primary appeal for Roller was medical. The landscape was to remind patients of the world from which they were separated by illness and to which they would return upon being cured:

The splendid region can be seen in the distance like a picture in a frame – but only enough to stimulate the patient's longing. He has said farewell to the world, a quiet valley separates him from his tumultuous former life. Yet, a glance into the distance raises hope and tempts him to return there. One can show him that life, point to it, present it as being a joyous promise soon to be fulfilled, once he has done what is required of him.¹³⁶

Illenau physicians believed that gazing at the natural scenery around the asylum could draw the awareness of patients to things outside themselves, increase their receptivity to the diversity of sensation and induce a feeling of equilibrium. In short, it produced a sensory experience which exercised and calibrated the *Gemüth*.

Not surprisingly, a travel guide from 1845 recommended Illenau as one of the finest tourist attractions in the region.¹³⁷ Many visitors were so seduced by the scenery that they infused their perception of the landscape with contemporary interpretative categories from the visual and literary arts. Romantic associations were easily made. The valley of the *Hornisgrinde* showed a river running along the side of the mountains, a pattern of forests decorating the rising hill face and, the *piece de resistance*, an ancient castle ruin dotting the highest of the peaks facing the asylum. Innumerable passages in the *Illenau Weekly* are similar in tone to the following passage:

The glorious picture, which unfolds to the east of the asylum, consists of gradually rising mountains which culminate in the Hornisgrinde. The gaze is soon fixed to the *Brigittenschloß*, a castle standing alone on a single ragged crag above the spinal column of hills stretching sideways; this lonely, column-like piece of wall, visible from all over the valley of the *Rhine* and defiant to

¹³⁶Roller, *Beziehungen*, p. 64.

¹³⁷J. Bader, *Guide for Travellers through the Environs of Achern*. Karlsruhe: P. Wagner, 1850, p. 4.

all storms, rises ghostly in the air, while the rest of the castle has long crumbled in ruins, scattered by the almighty tooth of time...¹³⁸

Portrayals of nature in the *Illenau Weekly* are dense with allegorical allusion.

Walks through the forest near Illenau, for example, always end in the clearing of a light field.

The heavy seriousness of asylum life is, more often than one might expect, broken by moments of lightness, just as walks through gloomy forest paths are interrupted by fresh green clearings and dense growth by sun beams.¹³⁹

An article on "Over the Clouds the Sun Shines" developed a trip to the Swiss alps into an extended parabel on the relationship between mental illness and the soul.¹⁴⁰ One of the most elaborate examples of such an allegory is the gothic account of a visit to the salt mines of Wieliczka in Poland. Before summarizing the account of this trip, it should be remembered that mines were a common trope in romantic literature; in the depths of the earth psychological transformations could occur which could not occur elsewhere. The *Weekly* article described how a group of patients were taken by their doctor to the entrance of the mine.¹⁴¹ The reader accompanies the patients as they slowly descend into the bowels of the earth. According to the author, the patients became "increasingly agitated" by "the foreignness and eeriness of their environment." Eventually, "when the patients have begun to lose all hope of arriving at their destination," they reached the bottom. The long trek upwards is "complicated by a dizzying labyrinth of branching corridors and caves in all directions." When the doctor finally returned his patients to "the real world" they "shake hands and feel wonderfully restored...although thoughts and imagination continued to dwell in the under world for some time." This account, written

¹³⁸The Hornisgrinde was a mountain peak. IW, Nr. 12, 1868.

¹³⁹IW, Nr. 4, 1867.

¹⁴⁰IW, Nr. 38, 1878.

¹⁴¹IW, Nr. 8, 1867. Article published in four installments.

by a physician, can be read as a parable on the career of a cured patient – normality is disrupted by bewilderment leading to hopelessness followed by a struggle involving mind and body that eventually leads back to normality.

Although romantic scenes, such as the salt mines, had a strong hold on the popular imagination of the period, they were not suitable for daily life in an asylum. Roller adopted a far more sober tone in his medical writing. He pointed out that, from a psychiatric perspective, the landscape should not be not *too* romantic:

It especially need not be Romantic, but the benefits of a charming natural environment should not be overlooked.¹⁴²

Romantic feeling was a dangerous state of mind, identified by Illenau physicians as being one of the main triggers of mental illness. It involved the abandonment of the self to a single experience or sensation, excessive infatuation with some particular person, scene or idea and a form of bewilderment associated with the sublime. These were extreme soul-states that could easily compound the spiritual imbalance of those afflicted with mental illness. Illenau's landscape was, like the complex itself, commonly described as being "sweet" (*lieblich*) and "charming" (*reizend*). It did not challenge spectators by presenting to the eye mountains of incomprehensible size or cliffs of immeasurable depth or water falls of inconceivable force. Rather, it embodied a composite type of natural beauty that synthesized a variety of heterogeneous sensations into a cohesive and balanced panorama.

The views directly surrounding Illenau contained a wide range of objects – hills, forests, villages, ruins, sky, fields, farms – all in measured amounts and distributed to create a picture of gentle contrasts. In the descriptive categories of the period, these objects signified a multitude of abstract categories such as: high and low, darkness and

¹⁴²Chapter on the location of an asylum in: Roller, *Beziehungen*, p. 63-72, quotation p. 63.

light, nature and artifice, past and present, romance and domesticity. These dichotomies fused in a single panorama had the capacity to balance the *Gemüth* by stimulating the receptivity of patients and channelling their attention. A description of the landscape in Roller's *Grundsätze* captures perfectly the minute modifications of experience he believed would be afforded by Illenau's panorama:

The region around Achern conforms to all reasonable expectations. It is located in one of the most beautiful regions in Baden, at the entrance to the Kappler Valley, not far from Sasbachwalden and only two hours journey from the Rench Valley where fruits from the southern climes ripen and charming scenes vie for prominence with romantic ones. Here the territory of the future asylum is stretched out at the foot of the gently rising, majestic mountain range with the *Brigittenschloß* and, at even higher elevation, the Hornisgrinde and a diversity of color and shape which at all times of day and in all seasons presents eternally new pictures to the rapturous eye; here it lies between Achern and Oberachern in the fecund clearings of the Rhine plains bordered in the distance by the Vosges mountains – it is highly privileged by a gracious natural environment which, in and of itself, promises to establish the reputation of the institute.¹⁴³

The scene portrayed is rich, textured and varied, oscillating between wild and cultivated plots of land. The visual complexity of this landscape is multiplied in perception through the effects of the moving sun and changing climactic conditions. Like the image of a kaleidoscope, the endless series of visual modulations and variations nevertheless maintained an underlying pattern of coherence. Falret's description portrays the variety and heterogeneity of the Illenau views in strikingly similar terms.

The Illenau institution is situated between a vast plain and high mountains in the center of the duchy of Baden in one of the most picturesque spots of a region which abounds in ravishing landscapes; it has a large tract of land at the foot of a mountain range and at the beginning of a fertile plain which is bordered by the Vosges mountains in the distance and is only interrupted by the Rhine and the mountain range of the Black Forest. Through a change of direction in this area, the mountain range serves to increase the size of the horizon rendering the entire spectacle even more impressive. These mountains at an elevation of 4000 feet above sea level inspire admiration, even in comparison to the Alps or Pyrenees, their graciously undulating forms are so appealingly nuanced by fluctuations in the terrain and variations of cultivation that every hour of the day brings its own particular shadings and diversifies the perspective in infinite ways to please the eye.¹⁴⁴

¹⁴³Roller, *Grundsätze*, p. 11.

¹⁴⁴Falret, *Visite*, p. 9.

It is not important whether Falret personally experienced the landscape in these terms or was instructed to appreciate its variegated composition by Roller. In any case, variety and heterogeneity were the properties he noted. At Illenau the views served to regulate and adjust the phenomenal world of patients. Aesthetic properties were promulgated via sensory perception directly into the *Gemüth*. A heterogeneously configured panorama could direct the attention, stimulate awareness and render the soul more receptive to the nuance and subtlety of experience in general. It combined diverse attributes into a single harmonious ensemble. In Roller's words, "the area itself must form a cohesive whole."¹⁴⁵ The beauty of the Illenau landscape was a composite beauty whose specific aesthetic structure was believed to counteract the effects of mental illness. The relationship between the landscape and the *Gemüth* of patients was mimetic in that the views constituted a visual analogue of sanity. The aesthetic sensations associated with Illenau's physical environment could generate a state of visceral well-being whose psycho-physical structure was akin to the state of a healthy *Gemüth*. Both the patients and the landscape were animated by the same soul-substance: "In truth, our glorious landscape contains *Gemüth* reflected from the emotive depths of its views."¹⁴⁶

¹⁴⁵Roller, *Grundsätze*, p. 10. "The premises must constitute a cohesive whole."

¹⁴⁶Schüle, *Festrede*, 1892, p. 22.

Figure 20: Illenau and its Surrounding Areas

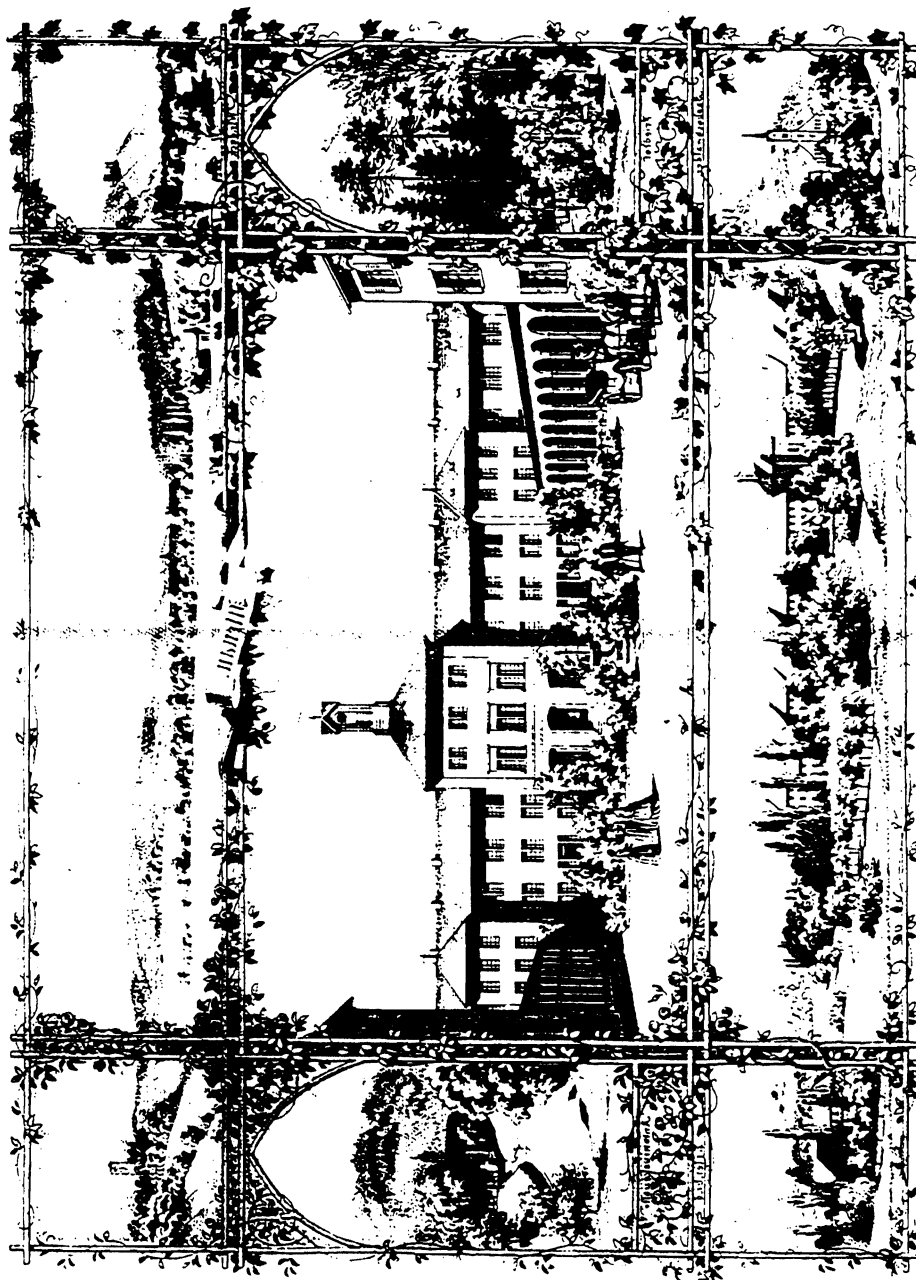
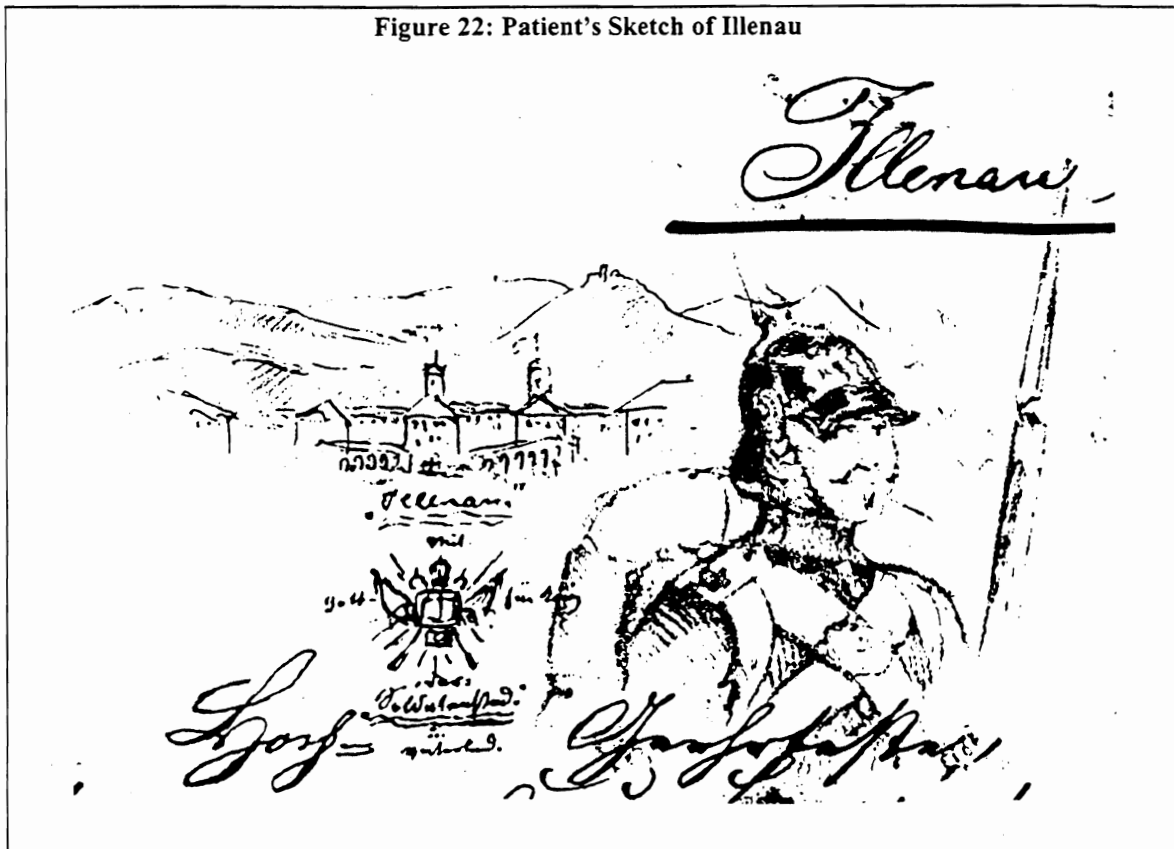


Figure 21: Illenau from a distance



Figure 22: Patient's Sketch of Illenau



4.1.2.3 The Point of Entry

Roller maintained that the “first impression of the asylum has a formative and lasting effect on the patient for the whole duration of treatment.” Patients are generally

“suspicious,” find their transferral to the asylum “unjust,” believe themselves to be “imprisoned,” and generally suffer from “delusions (*Schreckbilder*) generated by their pathological imagination.” All of these factors make it difficult to win their trust.

Consequently, it is of utmost importance that the exterior of the building and all aspects of the patient’s reception be “calculated to communicate a friendly impression.” This was to be achieved by avoiding all that suggested enclosure, confinement or complexity. The outer wall around the periphery of the complex was disguised by being placed on an

elevation preceded by a trench so as to make it appear less “imposing.”¹⁴⁷ For this reason, Roller said, our plan has patients entering through “an uncovered entrance” into “an open and friendly courtyard.” There are no fully enclosed courtyards, so that every notion of confinement be banished from the minds of patients. The door of every ward can be reached without ever passing through a covered entry.”¹⁴⁸ Structural ornaments were kept to a minimum because they were likely to communicate complexity and obfuscation to the confused mind. Instead, Voß insured that classical simplicity govern the decorative language of the building.

Hübsch faulted Roller’s plans for having “an insufficiently imposing main entrance for a building of its size.” But Roller replied that this was necessary in order to put newly arriving patients at ease. In his opinion, “the whole complex” envisaged by Hübsch “resembles a castle, if not a prison.” To Roller’s mind neither of these conjured a favourable first impression. In his *Beziehungen*, Roller listed the negative attributes of prisons and castles as being the following:

All that is reminiscent of a prison must be assiduously avoided; no gratings, no high walls, no castle-like building, no heavy iron doors, no small holes instead of windows!.. all that is angular must be avoided.¹⁴⁹

In *Grundsätze*, Roller reiterated that castles and prisons were not models for the asylum. But this time he specified the negative attributes precisely those architectural features which appeared in Hübsch’s asylum plans, namely an imposing entry way and closed courtyards. This was no coincidence since *Grundsätze* was published in 1838, three years after the controversy with Hübsch:

¹⁴⁷ Roller, *Grundsätze*, p. 117. This was a common feature of asylums, which Edginton calls a “ha-ha”. Edginton, *Asylum Architecture*, p. 381. Oddly, the Funk/Rasch article from 1862 reports that Illenau has no such outer obstruction along the periphery of the complex; maybe it was later remove. Funk/Rasch, “Irrenanstalten,” 1862, p. 54.

¹⁴⁸ Roller’s reply, p. 7.

¹⁴⁹ Roller, *Beziehungen*, p. 93.

The insane asylum must have a friendly, serene and open appearance, it must bear no resemblance with a castle or prison; there should be *no precious entry way* with pompous, column-framed rooms, *no courtyards* closed on all sides with buildings. The latter might just be acceptable for raging patients but for all others they make for an unfriendly place of abode (*italics mine*).¹⁵⁰

To explain his objections to “covered entry ways” and “closed courts,” Roller returned to the “first principles governing my conception of the asylum.” Hübsch’s plans were “designed to terrify frightened patients and validate the delusion of haughty ones.”

Hübsch would have curable patients passing through a covered entry way, into a court yard surrounded by buildings on all sides and through a second covered entry way before reaching their wards! Many rooms are facing the inner court, a provision which can only but further confirm the patient’s preconceived misgivings.¹⁵¹

The Illenau architects hoped that the building would win the trust and, hence, enlist the co-operation of the patient from the moment of arrival. To judge from the response of one patient, asylum space did indeed have the desired effect:

Now all three men accompanied me past the arcades to the actual asylum and into my room. It was located in the second floor of the northern wing and was appointed with all conveniences just as I would have wished. In days of health, I place great importance on a comfortably decorated apartment, to be well-situated is to be well-alive. That is twice and thrice the case in days of sickness. I thanked the director sincerely for the attractive room and expressed my relief that now, come what may, I was in a place in which I would receive the right help.¹⁵²

In the above passage, the patient associated the aesthetic quality of the premises with feeling confident of receiving the right kind of medical attention at Illenau.

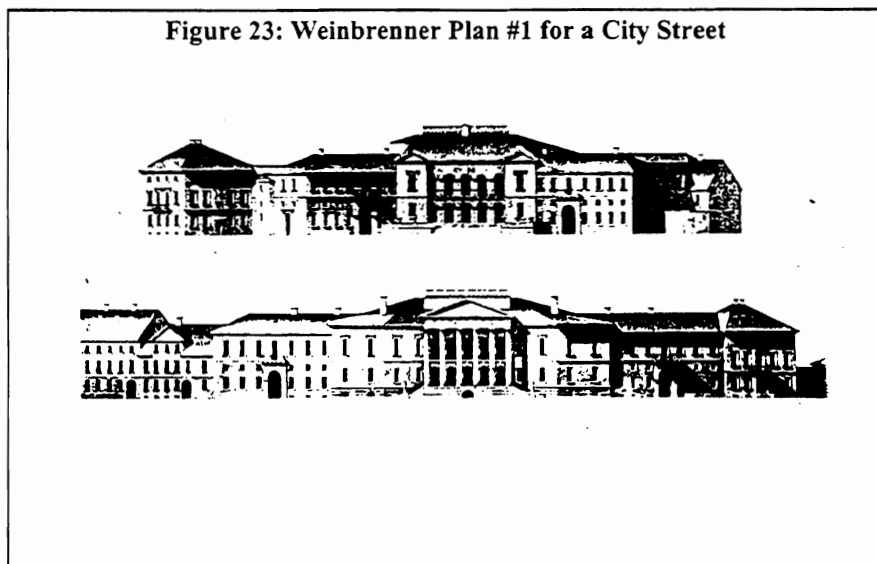
Overall, Illenau resembled a small town rather than an institution. Voß’s design of the wings bore a marked similarity to Weinbrenner’s plans for a city street as born out by the two pictures on the next page showing Illenau’s wing structure and Weinbrenner’s sketches for a city street. The town-like character of Illenau, with its connotations of communal life, was calculated to produce a friendly impression. Earle noted that the

¹⁵⁰Roller, *Grundsätze*, p. 105

¹⁵¹Roller’s reply, p. 8.

¹⁵²Hansjakob, *Kranken Tagen*, p. 31.

Figure 23: Weinbrenner Plan #1 for a City Street



asylum resembled a “hamlet” from a distance. His compatriot Ray agreed but he attributed this appearance to their large size:

Some of the latest German establishments are construed on a most liberal scale of dimensions. At Illenau the buildings form one large quadrangle, and owing to its great extent and numerous projections, appears from the railway, more like hamlet than a single establishment.¹⁵³

Many visitors commented on the large size of the Illenau premises:

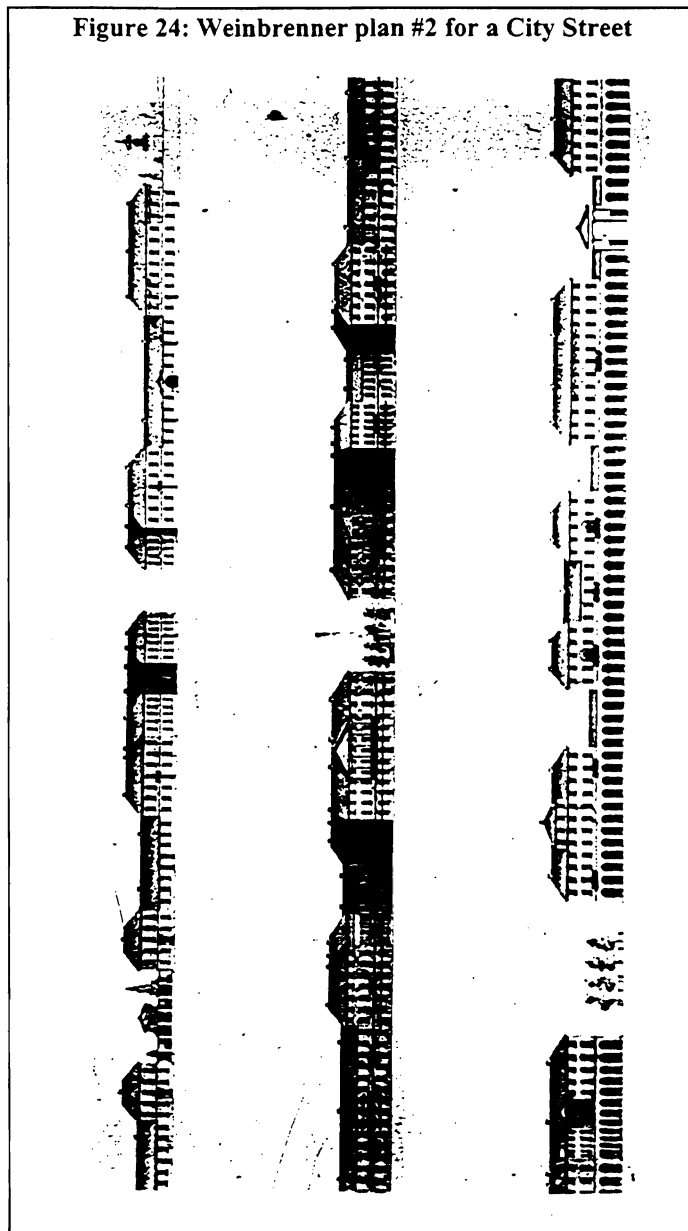
All of the parts of the complex are built in a simple, attractive and monumental style, and occupy together with the gardens and the site itself such a massive area, that the asylum can be compared in large measure with one of the most monumental cities. Yes, in the distance it even resembles a large town.¹⁵⁴

Schnitzer, the physician who copied Roller’s *Beziehungen*, made the analogy between asylum architecture and *bürgerlich* town planning most explicit:

¹⁵³Ray, *Observations*, p. 316.

¹⁵⁴Mahir, *Heilanstalten*, p. 174.

Figure 24: Weinbrenner plan #2 for a City Street

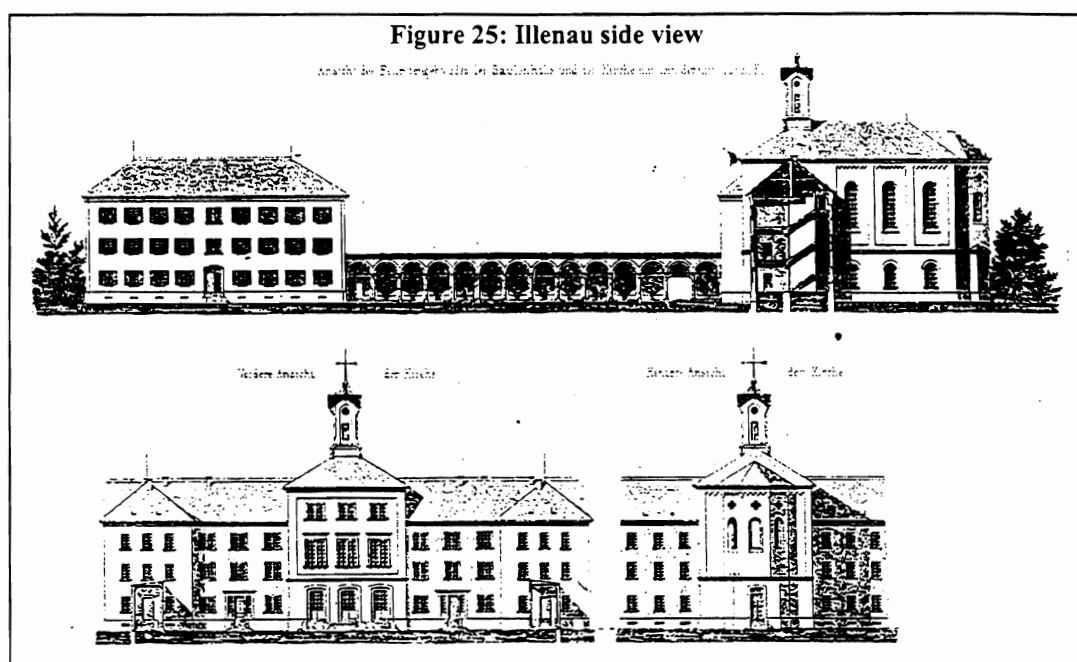


The building should resemble a proper, *bürgerlich* house, and so it must have the right proportions in height, in the number of floors, in the height of the ceilings which, even on the top floor should never be less than eleven feet, in the height and width of the windows, insofar as security does not demand that individual parts of the building assume strange forms, in the shape of the doors and in all else that characterizes such a house.¹⁵⁵

¹⁵⁵ A. Schnitzer, *Allgemeine Pathologie und Therapie der Geisteskrankheiten*. Leipzig: Brockhaus, 1846, p. 236. Schnitzer virtually copies Roller's *Beziehungen* without the extensive citations. He acknowledges in the introduction

4.2 Illenau: a Receptacle for *Gemüth*

By now it should be apparent that the two images with which this chapter began are not entirely apt. Neither the “straight-jacket of mortar and stone” nor the “château de plaisir” capture the unique kind of experience which the architects strove to create at Illenau. The asylum space was constraining in ways that were pleasurable – and liberating in ways that were stifling. Although the building was *restrictive*, it was quite unlike a straight-jacket.¹⁵⁶ Whereas the latter involved the patients in a physical struggle, the former operated in less perceptible ways; it re-zoned the phenomenal boundaries of patients by limiting their social relations to a specific group while simultaneously precluding solitary



that he has relied on Roller's book but then does not ever cite him again (eventhough he gives lots of other citations) eventhough many formulations are identical.

¹⁵⁶ As a curiosity it is worth noting that Illenau physicians invented their own kind of straight-jacket that was less restraining than the original one. It was a vest without sleeves covered in lots of little buckles to which garters could be attached at short notice when required. Hergt assured his readers that: "The buckles could be adjusted to provide a comfortable fit" Hergt, *Seelenstörung*, p. 814.

experience. Spatial barriers erected along lines of sex, curability and class served to naturalize, and thereby obscure, social divisions. As Roller said, careful spatial planning will obviate the need for physical restraint “through bars or high walls.”¹⁵⁷ The “château de plaisir” image is misleading too, not least because Roller was explicitly opposed to the castle as a model for the asylum. Castles are daunting, whereas Illenau aimed to be “sweet.” For another, the image of a pleasure palace conjures associations of an indiscriminately sensual space which is not what the Illenau architects had in mind. Patients were immersed in a space featuring select pleasures, especially those of a multifarious and non-ecstatic variety.¹⁵⁸

The global organization of the Illenau building reflected the theory of *Gemüth* on which it was based. As a receptacle of *Gemüth*, the asylum building came to have many attributes of a healthy *Gemüth* with the organization of space being diffuse, differentiated and balanced. Like the *Gemüth* which was the point of unity between mind and body, the Illenau complex was the point of unity between the cultured sphere of the asylum and the natural environment outside; a cultivated green-belt mediated between the two spheres. According to an article on German asylum architecture from 1862, Illenau was the only asylum to feature such extensive gardens encircling the entire periphery of the building (see previous illustration of ground plans, p. 15).¹⁵⁹

¹⁵⁷Roller, *Beziehungen*, p. 173.

¹⁵⁸Beguin has described the coercive implementation of aesthetic pleasures and comforts in “Le confort: une discipline douce,” which is a section of an article on English architecture for the labouring population. Beguin makes the point, however, that these comforts were installed through a complete domestication not only of the living spaces but also of the entire natural environment in which these communities dwell; comfort, she says, was a fabrication based on technological and statistical systems, p. 156. François Beguin, “Les Machineries anglaises du Confort.” In: *L'Haleine des Faubourgs. Ville, habitat et santé au XIX siècle*. Edited Lion Murard and Patrick Zylberman. Fontenay-Sous-Bois: Recherche, 1978.

¹⁵⁹Funk/Rasch, *Irrenanstalten*, p. 53.

4.2.1 The Windows

The curative land around the asylum was projected inside through carefully placed and meticulously crafted windows; all patient rooms were to be located on the outer periphery of the asylum complex and all wards were “to be open to the outside.”¹⁶⁰ Illenau’s windows were the eyes to the soul of the building. The significance of the windows is reflected in the deliberation and care Roller and Voß vested in their design. When they had finally reached agreement on the window designs, they published their findings.¹⁶¹ In keeping with the overall architectural specificity of Illenau, each window was tailored to the requirements of the room in which it was to be placed – i.e. sleeping rooms had different requirements than assembly rooms, curable patients than incurable ones, upstairs than downstairs, staff rooms than patient rooms. The asylum picture album proudly displayed the variety of Illenau’s window fittings.¹⁶²

Windows posed an in-built contradiction; increasing their size maximized the views but also endangered the safety of patients who might try to throw themselves out of the windows. Securing the windows with bars was not an acceptable alternative because that gave the rooms a prison-like aspect that Roller and Voß consistently strove to avoid. Instead the window pane was internally divided by metal bars so that it could not be broken. The pattern of squares in the window pane were designed to echo the shape of the building generally. The system for opening this reinforced window was especially innovative. The window consisted of two half windows each of which pivoted

¹⁶⁰Roller, *Grundsätze*, p. 110.

¹⁶¹In the summary article on German asylum architecture by Funk/Rasch (1862), the section on window design disproportionately features Illenau’s window fittings. Ahlborn, *Irrenanstalten*, p.1.

¹⁶²Roller, *Illenau*, 1865, illustrations.

around a central bar. This allowed air to circulate without opening a space wide enough for a person.

The size of Illenau's windows meant that the asylum was not well insulated in winter months greatly increasing the cost of heating the complex. But this was of little concern to asylum officials whose primary concern was symbolic and aesthetic. The windows were not merely a conduit for the landscape views, they were also the guarantors of institutional probity. In Roller's words: they signalled "openness and transparency to newly arriving patients." The facade of the building was evenly covered with windows to suggest that there were no dark, secluded rooms inside the building. As Roller said, there should be "no small windows" and "all that is angular" and dark must be avoided.¹⁶³ The distribution of windows across the facade of the building presented Roller and Voß with an ornamental dilemma. Given that the building consisted of two and three story high buildings, there were inevitably stairways. This meant that the symmetrical pattern of windows along the facade would be disrupted at the points where a stairway interrupted the sequence of rooms inside the building. Roller and Voß moved the stairways around their plans trying to overcome this dilemma. To no avail. In the end, they placed one staircase on each end of the main hall and simply covered the corresponding place on the facade with a window as if it had been another room. The result was that from the outside the windows continue in a perfect line from one side of the building to the other while, from inside the staircase, the windows are cut in half by the turn of the stairs.

Strikingly, Illenau's assembly hall in the ground floor of the church building only features small windows to the sides of the building facing away from the dramatic views outside. The patient rooms in the wings to each side of the assembly hall are, by contrast,

¹⁶³Roller, *Beziehungen*, p. 93.

laced with large windows facing the same views. The French psychiatrist Falret commented on this odd feature of the assembly hall during his visit to the asylum in 1845:

I was disappointed that such a pretty hall should have been too dark and that one had voluntarily dispensed with the attractive views over the mountains of the Black Forest.¹⁶⁴

The real estate agents responsible for selling the Illenau complex in 1993 were dismayed to find the views of the landscape thus obstructed in the assembly hall, a showpieces of the complex. On a tour of the Illenau premises one person asked: "How could such a talented architect have forgotten the windows?" Given the perceived significance of the windows and the care that went into their design, it is unlikely that Roller and Voß *forgot* the windows; more likely, they deliberately omitted to place windows in the assembly hall. No explanation of the absence of windows is offered in the asylum literature. But the measure follows naturally from the structure of aesthetic re-education which was premised on the manipulation of the aesthetic and social parameters of experience. Although these two realms of experience could be arranged to be mutually reinforcing, they were not identical. The landscape afforded a sense of visceral well-being which, though accessible to all members of the population, primarily regulated the atomic *Gemüth* of individual patients via the sense of sight. The assembly hall was, by contrast, the locus of public events, a space for unifying the asylum population in an experience of community and, thus, strengthening the aggregate *Gemüth* via the sense of sound. Its dark and introspective design expressed a reverence for communal life that could have been undermined by the distracting beauty of a magnificent panorama.

¹⁶⁴Falret, Visite, p. 18.

4.2.2 The Pharmacy

Interestingly, none of Illenau's contemporary critics mention the lack of provisions for an asylum pharmacy as a design flaw. A receptacle of *Gemüth* had no need for a pharmacy since chemicals alone would never be able to steer "all of its tender stirrings." Although Roller considered the construction of a pharmacy in *Beziehungen*, he dismissed it as a non-essential facility.¹⁶⁵ This is somewhat surprising since medication played a more prominent role in Illenau's treatment methods than it would appear from the rhetoric of asylum physicians. In 1879 the French historian Maxime du Camp, who lived in Baden for many years and was a regular visitor to the asylum, called Illenau the "pinnacle of psychiatric confinement." In particular, du Camp commended Illenau for its generous distribution of drugs:

Treatments play a prominent role at Illenau. I do not have the requisite training to be able to describe them accurately, but I can say this. In 1871 the patients at Illenau consumed eleven kilograms of raw opium and five kilograms of morphine. These numbers should be remembered, because they entail a message from which others would be well-advised to profit.¹⁶⁶

This does not sound like the aesthetic re-education discussed so far. Yet, in an article in the *Illenau Weekly*, Roller actually thanked du Camp for his kind words. From his perspective the consumption of drugs was evidently not shameful. Their use was not, however, easily integrated in the theoretical framework of the Illenau School. Opium and morphine served a primarily palliative purpose and, as such, belonged in the same category as coffee, cigarettes and alcohol.¹⁶⁷ Hergt recommended opium as being especially effective in illnesses originating from disturbances of the *Gemüth*.

¹⁶⁵ Roller, *Beziehungen*, p. 121.

¹⁶⁶ Maxime du Camp, *Paris, ses Organes, ses Fonctions et sa Vie dans la Seconde Moitié du XIX siècle*. 6th edition. Paris: Librairie Hachette, 1879, p. 387.

¹⁶⁷ Although doctors seemed to have some understanding of the addictive quality of opium and the danger of its abuse, they were more focused on its medicinal properties than on its addictive ones. The Prussian court doctor Hufeland and a long article in *Zedler Universallexikon* show that although awareness of addictive behavior exists it is not perceived as a significant risk. The danger of opium addiction and the nature of its effects seems to have been more

In most cases in which a *Gemüths*-imbalance is etiologically the primary cause of mental illness, opium provides sure relief.¹⁶⁸

But drugs did not feature in official asylum rhetoric because the program of aesthetic re-education was neither linguistically nor conceptually suited to the administration of drugs for treatment. Even before the end of the Roller-era, it had become apparent that Illenau needed a proper pharmacy and its own in-house apothecary. An extension to the asylum building providing room for a pharmacy and additional employee apartments was added as early as 1867.¹⁶⁹

4.2.3 The Church

Illenau's church was situated on the asylum's axis of symmetry. Many commentators have interpreted this location as a reflection of the centrality of religion in Roller's psychic cure regimen. Lötsch, for example, calls the church the "heart" of the asylum complex.¹⁷⁰ But by the actor's categories, Illenau's church was by no means in the center of the complex. Hübsch was scathing about the placement of the church, saying that it was tucked away to one side of the complex, that it was a long distance from the rooms of incurable patients and that its scale, which was roughly equal in height to the three story buildings of the wings to each side compromised its true stature. The highest building of the asylum, he said, stands at the center of the main wing but is placed off center with respect to the two "pyramid shaped wing structures for male and female

elaborately spelled out by writers than doctors in the mid-19th century. Opium was a drug popular in artistic and bohemian circles and so, in the course of the self-portrayals by these people, the drug finds a characterization in terms of its effects on their life, mind and work.

¹⁶⁸Hergt, *Seelenstörung*, p. 826 (followed by a three page discussion of opium use).

¹⁶⁹Jetter, *Typologie*, p. 159. Illenau's asylum apothecary doubled as a public apothecary for the region. A ministerial file regarding the construction of the pharmacy is located in the Freiburg Staatsarchiv. An article on the history of the Illenau pharmacy also appeared in the *Allgemeine Zeitschrift der Psychiatrie*.

¹⁷⁰Lötsch, *Anfänge*, p. 22.

patients respectively.” This “violation of symmetry” exposes the church in a most “unappealing” fashion. Moreover, Hübsch observed, the church is located at such a distance from the front wings that some patients will have to walk quite a distance and will surely suffer great discomfort in bad weather. The alternative plan proposed by Hübsch located the church in the central point of the complex surrounded on all four sides by a one story, square-shaped building.

In their replies, Roller and Voß conceded that the church did not have the placement it deserved. Yet, the solution to this problem was, according to Roller, the opposite of what Hübsch had proposed. For the true value of religion to be reflected in the organization of asylum space it would be necessary to place the church, not in the very center of the complex, as Hübsch proposed, but in an elevated position apart from the main complex. “If it had been compatible with the overall plan of the building, then it would have been my desire to situate the church free from the rest all by itself.”¹⁷¹ The dimensions of the property did not, however, permit such an arrangement at Illenau. He added that the disadvantages which allegedly arose from the distance of the church to the incurable patients could only be dismissed as “ridiculous.”¹⁷² Damerow, a colleague of Roller’s and head of the Halle asylum, also preferred for the church to be located slightly apart from the asylum complex; he argued that “walking to the church” (*Kirchengang*) dignified the significance of religious services for patients.¹⁷³

Roller’s desired placement of the church would have been a more accurate reflection of the asylum’s organization as a receptacle of *Gemüth* than its integration into the complex. It is no accident that of the various facilities to be accommodated in the

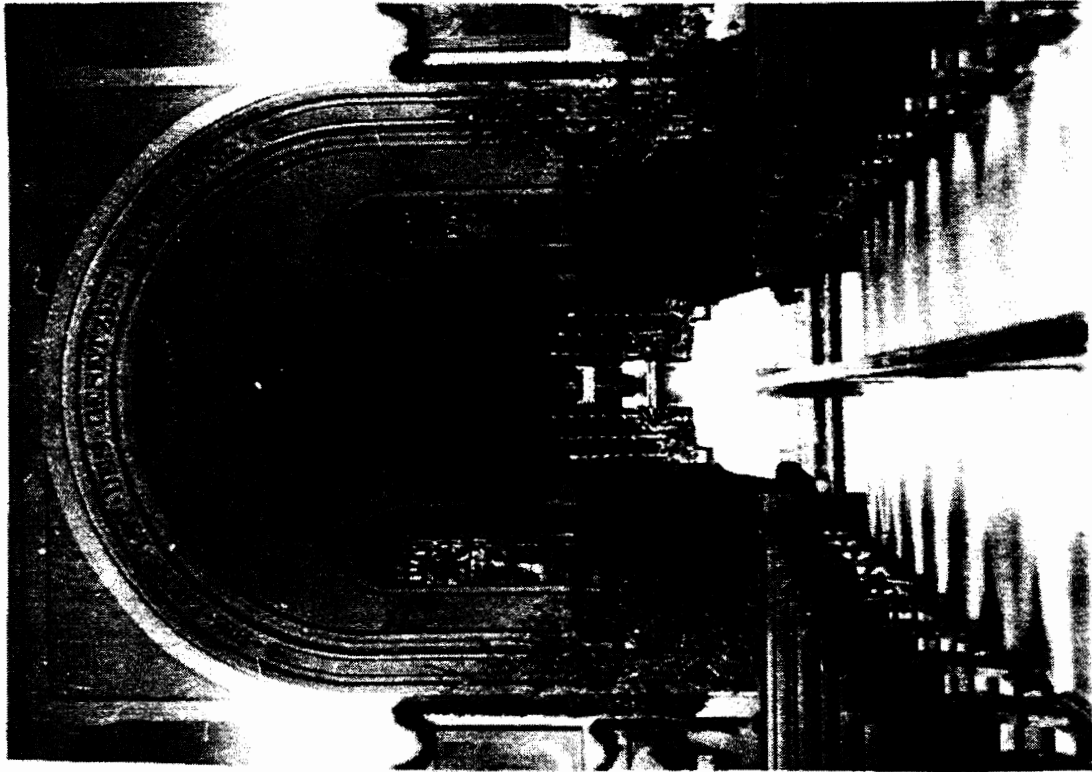
¹⁷¹Roller’s reply, p. 5.

¹⁷²Roller’s reply, p. 4-5.

¹⁷³Funk/Rasch, “Irrenanstalten,” p. 62.

organization of asylum space, the only facility upon which Roller would have liked to confer a separate spatial identity was the church, not the baths or music rooms or employee apartments. Placing the church in a separate building would have marked its significance not merely as a church but as an integral, yet distinct, element of the psychic cure regimen. Such a separation would have been a spatial representation of the fact that, in Roller's opinion, religious expertise was not entirely subordinate to medical expertise. Furthermore, it would have been a spatial representation of the relation between divine grace and the operations of *Gemüth*. Although religious experience could intervene upon the state of the *Gemüth* which absorbed aesthetic, social and religious impressions equally, religious impressions originated from a different source. Grace could be mirrored in the physical environment or social world but, ultimately, it arose from a divine order which transcended normal experience. Locating the church on an elevation outside the asylum complex would have been a way of marking, through spatial relations, the difference between religious and natural causation.

Figure 26: Illenau Church



4.3 Comparative Architecture

“Asylums have tended to be built in strange shapes because they were thought to serve a strange purpose.” Yet, Roller insisted, strangeness has a detrimental effect on patients.¹⁷⁴ He grouped asylums into four basic shapes: an assembly of squares, the H shape, line shape and star shape. Although in *Grundsätze* Roller pronounced Illenau to be a combination of the H, line and square shape,¹⁷⁵ these words amount to little more than a polite gesture towards his foreign colleagues. In practice, he found all of these shapes to

¹⁷⁴Roller, *Grundsätze*, p. 105.

¹⁷⁵*Ibid.*, 108.

be problematic. The line shape has advantages, Roller said, but can only accommodate approximately 200 patients before its length becomes unmanageable. The assembly of squares, which he attributed to France, requires that individual square courtyards be connected by outdoor passage ways, a measure not suitable for the German climate. The H shape, which he attributed to England, will inevitably expose one court to more traffic than the other. But the shape to which Roller objected most strongly was the star-shape.

Roller attached little importance to abstract theories of architectural geometry. More important than abstract geometry was the size of the complex and its practical use; its size had to be “just right.” There were no absolute rules for defining what “just right” meant for every institutional context – each new establishment had to be adapted to the task it was to perform. In Roller’s words, “the management of the asylum should never be sacrificed to appearances.”¹⁷⁶ The form of an asylum should be an expression of its function and, at Illenau, that function was to regulate *Gemüth*.¹⁷⁷ But Hübsch accused Roller of neglecting questions of functionality. He said that Roller’s planned asylum extended over such a large area that the cost of supervision, administration and maintenance “will be very considerable exceeding the available budget for the asylum.” Voß conceded the point but justified Illenau’s size in the following terms:

The size of the complex is indeed large and I had hoped to be able to make it smaller. But if one keeps in mind the main requirements of such a building – i.e. the separation of sexes, the division of patient’s into their various classes, the placement of rooms along one side of the building and

¹⁷⁶Roller, *Beziehungen*, p. 94

¹⁷⁷Illenau was actually perceived to be unusually large by Roller’s contemporaries. An article summarizing the latest developments in German asylum architecture, for example, insists that asylum do not, and should not, exceed accommodations for 200 patients. They cite the main asylum of the period as examples, p. 5. No mention is made of Illenau; not even as being an exception. Oddly, the same article begins, however, by saying that its conclusions are based on visiting a large number of asylums, including Illenau. Moreover, in later sections of the article, Illenau receives frequent, laudatory mention often as an exception on the issue under discussion. This revealing omission regarding its size suggests that, even within its day, Illenau was seen to be a singular and exceptional institution some of whose exemplary arrangements could be emulated but which could not be replicated in its entirety. Funk/Rasch, “Irrenanstalten,” p. 5-6.

the creation of friendly apartments for employees – than it is not possible to reduce its present size.¹⁷⁸

Roller was less apologetic:

I am interested to learn that the large dimensions of my plan translate into greater expenditures for supervision and administration when, in fact, they can only affect the cost of the roof and foundation. It makes no sense to object to the length of the asylum, once one has recognized why the length is necessary.¹⁷⁹

Oberbaurath Hübsch, Roller continued, only succeeded in avoiding the length in his plans by inserting a most counterproductive cross wing.¹⁸⁰ Although Hübsch's proposal made the whole complex considerably shorter and more narrow, Roller said: "I cannot call it an improvement because through these changes he has lost sight of its purpose."

To clarify the structural logic underlying Illenau's spatial arrangement, it will be helpful to compare its structure with two alternative models of asylum architecture which were popular in Roller's day, namely Esquirol's *carré isolé* and Bentham's Panopticon or, in Roller's terminology, the "square shape" and the "star shape."

4.3.1 No "Baden Charenton"

Jetter argues that the shape of Illenau was so closely modelled on Charenton that he calls Illenau a "Baden Charenton."¹⁸¹ This meant, in particular, that Illenau was based on the *carré isolé*, an architectural unit of such universal appeal to the contemporary psychiatric imagination that, according to Jetter, no other spatial paradigm was able to compete with it for the rest of the century, at least in France and the southern parts of Germany.¹⁸² The

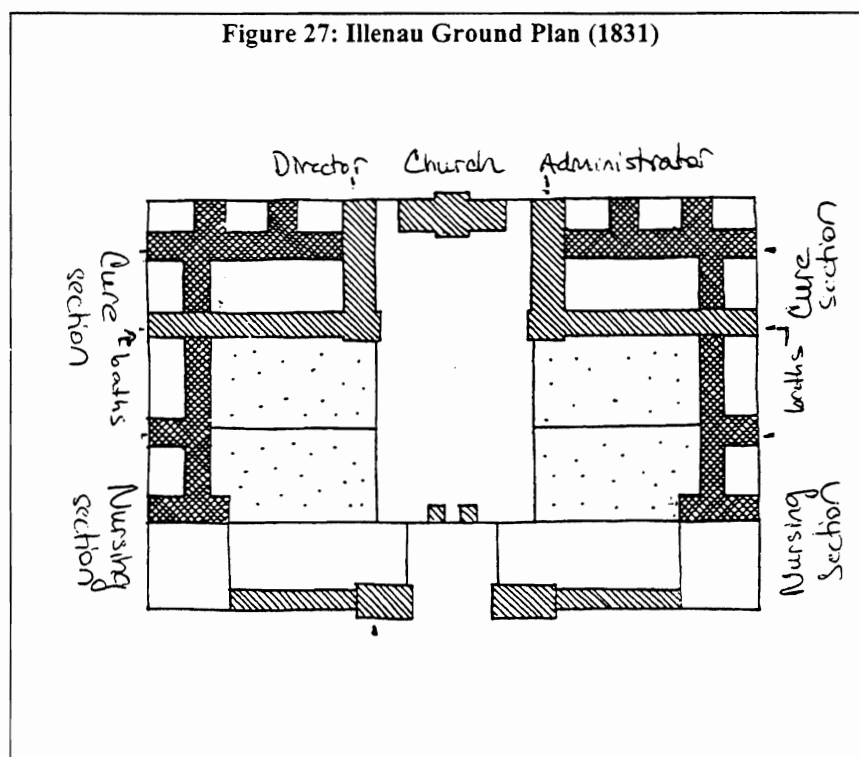
¹⁷⁸Voß's reply.

¹⁷⁹Roller's reply.

¹⁸⁰Roller's reply, p. 6.

¹⁸¹According to Jetter, this reliance on the Charenton example is one of the main reasons for Illenau's eventual decline. Charenton was an institutional entity well adapted to the administrative situation in France - it was not able to survive the professional rift between university and asylum based psychiatrists as it existed in Germany. Jetter, *Typologie*, p. 156.

¹⁸²Jetter, *Typologie*, p.156.



carré isolé, in English “closed court,” had emerged during the collaboration of Esquirol and his architect Gilbert on the design of Charenton; it organized wards around distinct square courtyards with a communal garden at the center. It would certainly have been quite natural for Roller to emulate the Charenton model since he trained with Esquirol in Paris, and Jacobi, one of his German mentors, also strongly favoured asylums built around closed courts. Indeed, Roller’s earliest ground plans for Illenau included two closed courts.

Before explaining why it is, nevertheless, misleading to describe Illenau as a “Baden Charenton” it will be helpful to say a few words about the evolution of the Illenau ground plans. In 1831 Roller published an early version of the asylum ground plans, “*Plan einer Irren-Heil und Detentions-Anstalt für ca. 300-350 Kranke*” that differed in subtle but significant ways from the final version of the ground plans.

The most striking feature of Roller's earlier plan, in contrast with the later one, is that it absorbed less of the inner volume of asylum space and featured two fully enclosed courtyards on the model of Esquirol's *carré isolé*. Under Voß's guidance, more of the available space was shaped to the needs of the asylum and the closed courtyards were partially opened. There were no closed courts in the final plan.

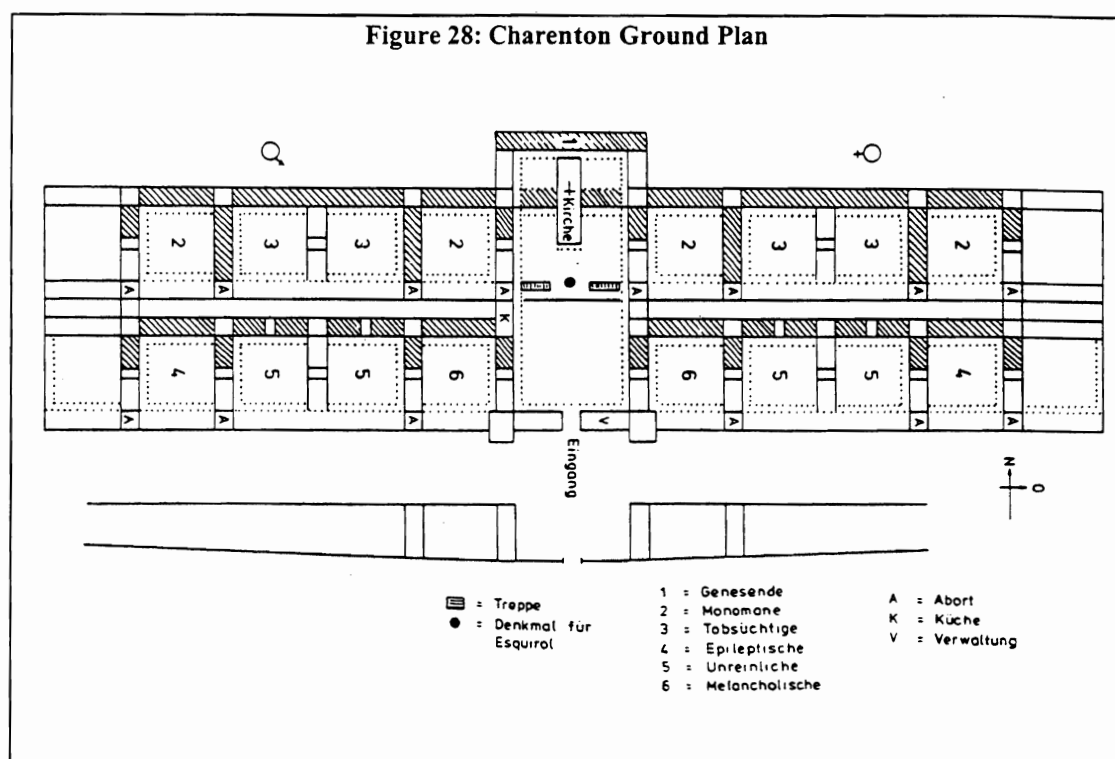
It is difficult to assess to what degree architectural principles intervened in Illenau's therapeutic environment by Voß influencing Roller. It is noteworthy, however, that the differences between the first and the second draft of the plans constituted a substantial intervention into asylum life. Revealingly, this intervention came from an architect, i.e. an expert on the aesthetics of space, rather than a medical specialist or an administrator. Comparison of the earlier and the later ground plans suggests that Voß helped Roller adjust the shape of the asylum to his psychiatric aims producing a more accurate articulation of his therapeutic approach in three dimensions. Absorbing more volume of space, i.e. increasing the diffuseness of its spatial lay-out, and opening the closed courts, i.e. increasing the receptivity of the building to its environment, were both structural changes which rendered the building more fitted to being a receptacle of *Gemüth*. During the controversy with Hübsch, Roller had moved so far away from his mentors that when Hübsch tried to cite Jacobi as a medical authority, Roller said:

[Hübsch] has evidently failed to realize that Jacobi's ideas are based on his experience at the Siegburg asylum, which was formerly a castle...I have already demonstrated elsewhere that Jacobi's closed courts constituted the greatest error.¹⁸³

Maxime Ducamp, a contemporary commentator familiar with both establishments, did not seem to be struck by Jetter's alleged similarities between Illenau and Charenton. To the contrary, he included a discussion of Illenau in his book on the history of Paris precisely in order to point out that there was no French Illenau:

¹⁸³Roller reply.

Figure 28: Charenton Ground Plan



I have long studied this asylum [Illenau] and can only express deep regret that we have not managed to create anything comparable in Paris, in the country where Philippe Pinel began the revolution through which the field of mental pathology was founded.¹⁸⁴

A closer look at the respective ground plans of Illenau and Charenton reveals substantial differences between the two establishments. Charenton consisted of 16 perfectly symmetrical closed courts all facing the same direction, while Illenau consisted of 8 variously sized open courts facing in all four directions of the compass.

In effect, Roller peeled open Esquirol's design so that the rooms of patients could face the landscape and adjusted each ward to the habits and tastes of its designated inhabitants. Roller did not explain why every court was opened and given a different size

¹⁸⁴Maxime du Camp, *Paris ses organes, ses fonctions et sa vie dans la seconde moitié du xix siècle*. Paris: Librairie Hachette, 1879, p. 388.

and orientation in the Illenau plan.¹⁸⁵ But the changes followed directly from his doctrine of *Gemüth*.

Despite formal similarities between Esquirol's *traitement morale* and Roller's individualizing treatment, there was a profound difference concerning that which was to be treated by the psychiatrist. For Esquirol it was a patient's moral and rational faculties, for Roller a patient's *Gemüth*. Not surprisingly, these differences in their psychiatric approach had implications for their construal of psychiatric practice and, in particular, its translation into asylum design. The organization of space at Charenton was uniform and emphasized the faculty of reason, at Illenau it was multifarious and emphasized the faculty of sensation. Moving around Charenton would have recalled the relations of a Cartesian grid, moving around Illenau exposed the *Gemüth* of a patient to an ever changing array of spatial relations. Whereas Charenton was designed to restore the patient's mental and moral faculties by imposing a single principal of spatial arrangement to all wards of the complex, Illenau was designed to stimulate the receptivity of *Gemüth* by adjusting the spatial arrangement of individual wards to the perceived needs of each accommodation class.

4.3.2 Panopticism Versus the Pinwheel

Roller said that the star shape was centralized like "a great spider web," a metaphor expressing disdain for such an arrangement.¹⁸⁶ The experience Roller hoped the Illenau

¹⁸⁵ Certainly there were practical impediments to the realization of Esquirol's planned asylum that might have prevented Roller from adopting the carrés isolés model. Gilbert did not draft his final plans for Charenton until 1833, many years after Roller had studied with Esquirol and construction of Charenton did not begin until 1843, one year after Illenau began operation. By 1845 financial resources for Charenton were depleted and the asylum was not entirely completed until the end of the 19th century. But the concept of the carré isolés had already been formulated and realized in Bicêtre and at the monastery which preceded the Charenton. Jetter, *Typologie*, p. 44.

¹⁸⁶ Roller, *Beziehungen*, p. 90.

building would elicit in its inhabitants was the converse of that to be achieved by the star shape as characterized by Foucault. Rather than insure the obedience of inmates through a system of surveillance based on internal transparency, uniformity of arrangement, solitary confinement and the rule of sight, Roller contrived to mobilize the compliance of patients through concealed segregation, isolation by groups, diversification of life-worlds and the stimulation of tactile sense. Instead of increasing self-consciousness and, concomitantly, self-discipline, Roller's design was geared towards decreasing self-consciousness and dissolving the self.

According to Roller, the star shape was "more suitable for a prison than an asylum." Its only advantage was "to enable the whole establishment to be supervised from one central point" by implementing a formal system of surveillance which "observes everything from a distance." This was not, however, the system of control which Roller endorsed for an asylum. The star shape positively obstructed the observation, and more importantly the regulation, of that which interested Roller and his colleagues, namely *Gemüth*. Due to the visceral and expansive nature of this peculiar soul-substance, it required a special kind of container that was nothing like a prison. Roller advocated an intimate method of supervision which, he said, grows out of "unmediated participation and influence" (*unmittelbarer Theilnahme und Einwirkung*).¹⁸⁷ The Illenau building was not transparent and did not allow for surveillance at a distance; rather, it enhanced the immediacy of experience by facilitating frequent personal encounters and configuring a stimulating aesthetic environment. Rather than achieve the disciplining of the individual subject through centralized control, Roller hoped to harness the compliance of the collective subject through the orchestration of experience.

¹⁸⁷Roller, *Grundsätze*, p. 108.

The fragmentation of Illenau's composite space made it impossible to supervise the entire complex from a central point. Even within each ward centralized supervision was not possible since the rooms were arranged along a vertical rather than horizontal axis. Local attendants were responsible for the life on each ward. They carried out this responsibility through intimate and direct involvement with patients. While on duty, attendants lived and slept in the same rooms with their charges.¹⁸⁸ For patients in a low treatment class who shared a sleeping hall, the attendant was located in a caged bed at one end of the room.¹⁸⁹ For patients in a high treatment class, attendants would sleep in an adjacent room to spare patients the irritation of hearing them "fart and snort."¹⁹⁰

The compartmentalized space of the asylum entailed a compartmentalized network of social interactions; by this means, the lack of transparency was off-set by an increase in controlled proximity. Asylum space channelled traffic through the building in such a way as to produce frequent meetings between different members of the asylum population within the pre-set constraints of sex, class and curability. Unlike the star shape structure, where those under surveillance could never know when they were being watched, Illenau's structure was predicated upon unpredictable encounters with fellow ward members, attendants, physicians and random asylum officials:

Intermittently one or the other [doctor or official] will quickly walk around the entire asylum at a random time, even at night. This is mainly for controlling the attendants..¹⁹¹

To facilitate intermittent intimacy with the patients, Roller arranged for his offices to open directly onto the wards where he could make an appearance at any moment. Likewise, the employee's private flats were attached to the wards of patients. These

¹⁸⁸Roller, *Beziehungen*, p. 125.

¹⁸⁹Ray does not approve of this arrangement. Ray, *Observations*, p. 329

¹⁹⁰Roller, *Beziehungen*.

¹⁹¹Meyer, *Lemgo Bericht*, p. 92.

apartments did not face the wards because, Roller felt that seeing patients when not on duty would be “too depressing.” Yet, there was no outside space to traverse between the wards and these private flats. The distance would discourage employees from checking on the patients at “odd times.” Moreover, distance would enable patients “to see the immanent arrival of an asylum employee” and “adjust their conduct” accordingly with the result that: “There would be much the attendant would not discover.”¹⁹² Meyer, the Illenau trainee mentioned earlier, was highly critical of the asylum’s spatial arrangement providing proximity without transparency. Regarding the flats for attendants, he said:

The houses for the attendants are built in such a way that they are attached to the main cluster of the building but face away from the asylum so that it is as if two separate sphere's were being maintained within the same space. Attendants not only don't but they aren't able to observe or be observed unless they are employed on the ward.¹⁹³

Meyer was also “dismayed and surprised” by the absence of provisions for the covert observation of patients. Illenau has no “facilities based on the principle of total transparency from a central point of supervision.” He said that the asylum compared unfavourably with English institutions in this respect. Only a few of the cells for raging patients have an opening in the ceiling from which patients could be observed without their notice. For the most part, physicians had to physically enter a ward, or a patient’s private quarters, to be able to observe them. When Meyer mentioned the disadvantages of this arrangement to his superiors at Illenau, he was appalled by their response:

It is quite clear that the asylum directors positively reject the notion of authority upon which such an arrangement would have to be based.

The job descriptions for attendants and physicians illustrate that Illenau employees were to attend not merely to the behaviour and mental faculties of patients but, primarily, to their state of *Gemüth*:

¹⁹²Roller, *Grundsätze*, p. 113.

¹⁹³Meyer, *Lemgo Bericht*, p. 142.

Special stirrings in the *Gemüth* of patients, including changes in the usual mood, yearnings for religious solace, likes and dislikes should be noted and reported to the head attendant or physician.¹⁹⁴

This had direct consequences for the organization of the building. While it is possible to observe an individual's physical movements from a distance, it is not possible to register the movements of the *Gemüth* on that basis because *Gemüth* cannot be merely be *observed*, it must be *experienced*.

At the most general level of description, the Panopticon and Illenau are comparable institutions; they are both instruments designed "to alter behaviour" and "to train or convert individuals."¹⁹⁵ But the two instruments differ significantly in their manner of achieving this transformation. Foucault characterizes the function of the star shape as follows:

The major effect of the Panopticon: to induce in the inmate a state of conscious and permanent visibility that assures the authentic functioning of power.¹⁹⁶

The experience of restraint in a panoptical institution was, as Foucault has demonstrated, "conscious and permanent." By contrast, the experience of restraint at Illenau was to be unconscious. In Roller's words:

The discipline to be exercised should be a means not an end. The less authority makes itself felt, the less noise is made by its operations, the better.¹⁹⁷

In Foucault's portrayal of the Panopticon, patients are inserted into a space that is transparent, that isolates individuals into cells and that inculcates self-discipline through the constancy of the centralized gaze. Illenau was fragmented, segregated groups of patients into isolated wards, and immersed each group in an environment designed to elicit compliance and establish self-evident norms of behaviour.

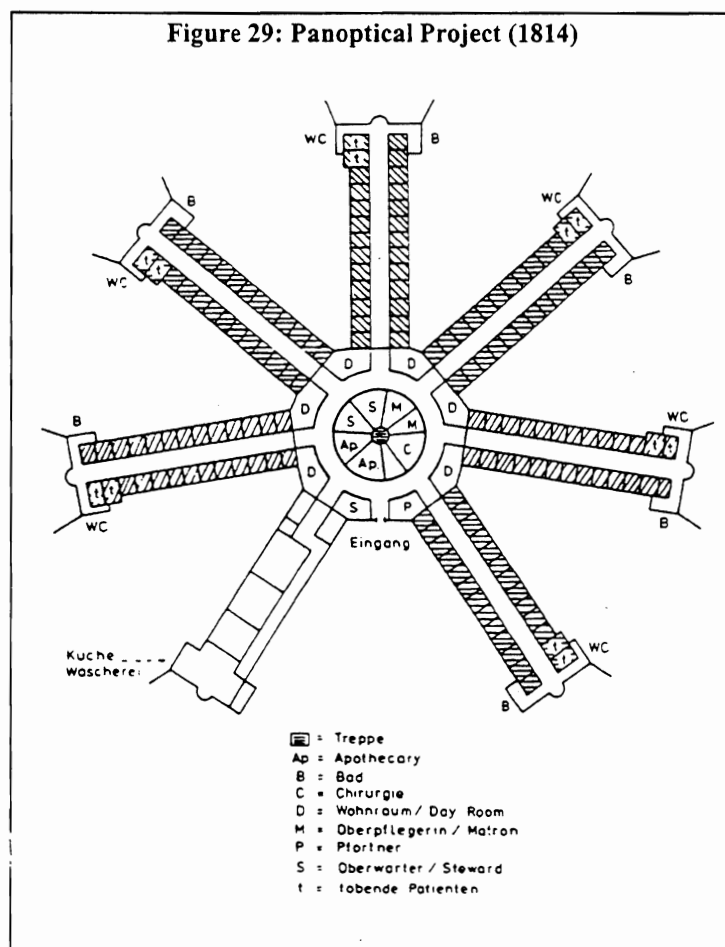
¹⁹⁴ *Dienstansweisung für den Krankenwardienst*, §5.

¹⁹⁵ Foucault, *Discipline*, p. 203.

¹⁹⁶ *Ibid.*, p. 201.

¹⁹⁷ Christian Roller, *Kaiserswerth*, p. 72.

Figure 29: Panoptical Project (1814)



What Foucault's calls the "authentic functioning of power" was based, at Illenau, on creating an atmosphere of self-evidence (*Selbstverständlichkeit*). The differentiation of parallel wards at Illenau served to naturalize social boundaries; the spa-like character of the building served to generate a state of well-being that disguised the fact of confinement:

Patients should enjoy a certain degree of freedom within certain limits. They must be placed under a *custodia libera*. By being able to move freely within their wards and to choose whether they prefer to dwell in the assembly room, hallway, or garden, the boundaries which surround them are obscured and a semblance of freedom (*Schein von Freiheit*) is played before them.¹⁹⁸...this

¹⁹⁸Roller, *Grundsätze*, p. 111. This striking phrase "semblance of freedom" (*Schein der Freiheit*) circulated in the German psychiatric literature of this period. Whether it originated with the Illenau physicians or was simply picked up by them has not been established. Funk/Rasch, *Irrenanstalten*, 1862, p.54.

freedom within limits, this *custodia libera* is precisely what enables the *Gemüth* of those who are inclined to feel suspicious to generate a sense of well-being. This can only be achieved in a purpose-built complex.¹⁹⁹

Reasonableness in a star shape institution is a function of the desire to avoid punishment whereas reasonableness at Illenau was to grow out of a sense of communal responsibility. Illenau's space was designed to elicit compliance. The threat of punishment exercised the wrong kind of corrective influence:

Nine years of experience have taught me that one should be far less fearful around the mad than is commonly believed. By increasing the boundary around patients, one induces them to behave far more reasonably (*vernünftig*)...everything that constrains exercises a negative influence.²⁰⁰

Policing behaviour on the Panoptical model was not conducive to sanity according to the doctrine of *Gemüth*. Increasing a patient's self-consciousness was precisely the opposite of what Roller and his colleagues hoped to achieve. Anything that furthered a preoccupation with self, which sitting in an isolated cell under observation from a central point certainly would have, was deemed counterproductive because it compounded the egotism of sickness. At the Panopticon surveillance was a sensory event imperceptible to the person being seen. At Illenau surveillance was a sensory event which made itself "felt" and "heard" to all parties involved in the event. Of course, as discussed with respect to the landscape and windows, the architects of the Illenau community did not entirely neglect the sense of sight. While the Panopticon privileged the sight of a single guard, Illenau balanced the sensory input to all five senses of all its inhabitants.

Foucault calls the logic of the Panopticon a "disciplining-mechanism,"²⁰¹ the logic of Illenau is, by comparison, better described as a 'compliance-mechanism' where extracting the compliance of individuals was a "shared duty":

¹⁹⁹IW, 48, 1878.

²⁰⁰Roller reply, p. 8. Increasing the boundary around patients also entailed certain dangers for the staff, however; Roller was nearly killed when a patient drove a knife into his neck. Kußmaul, *Dozentenzeit*, p. 11.

²⁰¹Foucault, *Discipline*, p. 209.

The supervision practiced in an asylum must be general, must come from all directions, spread across all things and encompass the whole: it must police behaviour, control expenditure and observe symptoms of illness; it is a shared duty, and must be exercised as such from the superintendent to the lowest servant.²⁰²

The social relations of the Panopticon are generalizable into a “Benthamite physics of power” which applies through out the social universe.²⁰³ The guard at the center of the Panopticon is easily replaced by another guard, a supervisor, a state official and so on. In the Panoptical model inmates are isolated from each other and the guard need not be concerned with precise allocation of inmates to cells; social dynamics between inmates could not arise within the Panopticon. The social relations at Illenau were essentially local and could only operate within a specific socio-cultural situation. The diversity of life-worlds within the asylum was dependent upon the precise configuration of the asylum population at any given moment, every change in the community entailed a subtle reconfiguration of the composite Illenau community and, especially, in the life-world to which the new member was allocated.²⁰⁴ Since Roller and his colleagues believed curative forces to emanate from within the Illenau community, they continually monitored and managed the structure of that community. In the Illenau model the community itself assumed many of the policing functions which in the Panopticon are performed by the guard.

²⁰² Roller, *Beziehungen*, p. 172.

²⁰³ *Ibid.*, p. 209.

²⁰⁴ Today Illenau's specificity renders the building virtually unusable for other purposes. Recent negotiations regarding the future of the asylum building have remained fruitless. Proposals range from turning the building into a geriatric home, a girls boarding school or an experimental project for inter-generational living. Each of these proposals has, however, foundered against the structure of the building – for a geriatric home, the building has too many stairways; for a girls boarding school, too many different sized rooms; for an inter-generational living scheme too many nested facilities. Strikingly, no one appears to have even considered the possibility of returning the building to its original purpose and re-opening it as a psychiatric hospital.

Asylum Time

When a madman par excellence sitting in the midst of the great choir sings a solo that is so piercing and loud that he throws off the pitch of his neighbours and they begin to fear for their windows, then they transfer him to sit in an insane asylum until he has tuned his instrument down to the normal pitch where other honest people can still be heard in his presence.¹
(Görres 1843)

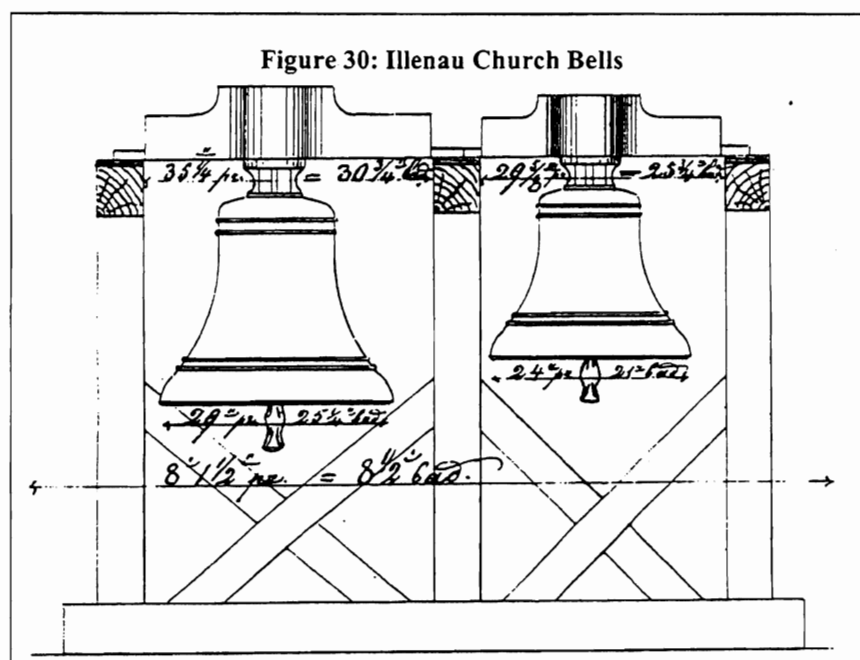
An episode involving the church bell will serve to illustrate the psychiatric significance of ordering time at Illenau. Illenau's church bell performed the same function in the asylum community as it has for every community since the invention of church bells: it marked the regular passage of time by striking the time of day for every hour and a single chime for every quarter hour. Festive occasions, the death of a public figure or valued member of the asylum population, and church services received additional chimes. These temporal markers are not distinctively psychiatric in and of themselves. But the importance Illenau doctors attached to the precise tone, duration and accuracy of each chime reveals there to have been a profound medical significance behind the intonation of time's passing.

When the asylum opened in 1842 a heated argument erupted over the quality of the church bell which had been commissioned with a local bell-maker, Rosenlecker. The bell did not ring to Roller's specifications. He had ordered a G bell, but the chime rang in G flat. This innocuous sounding discrepancy was a source of considerable consternation to Roller whose deemed the bell to make an "unacceptable sound."² His indignation

¹Görres was a doctor and the son of Joseph Görres, the romantic author. Guido Görres, *Das Narrenhaus von Wilhelm Kaulbach nebst Ideen über Kunst und Wahnsinn*, 1843.

²"Report on the bell at Illenau by J. Baader." In: SA B 685/1 Nr. 25.

would, no doubt, have been shared by many of his contemporaries. On a concordance between sounds and their corresponding psychological effects established by Peter Lichtenthal, the author of a prominent German treatise on the medical uses of music in 1807, the G tone signified “triumph over difficulties, free breathing after climbing mountains” while G flat signified “unhappiness, gnawing, dread, listlessness.”³ The defective bell was thus not only an affront to the aural sensibilities of Illenau inhabitants, it was a potential mental health hazard.



Roller demanded that Rosenlecker replace the bell sparking a debate which lasted five years and produced some of the most vitriolic correspondence in the Illenau records. Both men found experts to corroborate their conflicting assessments of the bell's pitch.

³George Rousseau has identified a similar reference to the unedifying sound of G flat reported in: *Philosophical Transactions of the Royal Society 1665-1800*. Abr. Vol. II, 1672-1683. London. C & R Baldwin, 1809, p. 441.

More experts were consulted. Finally, it was agreed that although the chime might indeed be in G, it was a G contaminated by overtones and resonances. Still the controversy did not abate. Rosenlecker attributed the impurity to the tower in which the bell hung whose texture, shape and form, he alleged, caused the interference. This line of argument placed responsibility for the fault with the asylum's architect. Roller retorted that there was nothing wrong with the tower and that the bell had either been cracked or unevenly poured. Eventually the Ministry of Internal Affairs ordered Rosenlecker to recast the bell. Before allowing him to dismantle the bell, however, Roller pleaded with the ministry to specify a deadline for the completion of repairs. "Rosenlecker takes his time with everything he does," Roller complained, adding that he needed to insure the timely return of the bell because "it marks the time according to which all actions at the asylum are conducted."

So Roller was not primarily concerned with clock time but the schedule of events conducted according to it. To say that Illenau officials structured the passage of time means, of course, that they structured the *perceived* passage of time. But just like the asylum's spatial order, which was manifested in the arrangement of walls, its temporal order was manifested in the routines and rituals of asylum life. For the passage of time to be perceived in a favourable manner, the bell's chime had not only to strike a pure and pleasing tone but it had to strike in a regular fashion. One occasion upon which the bell master missed his cue and chimed the bell a few minutes after the hour created sufficient agitation amongst Illenau officials for derisive comment to be heaped upon the unfortunate attendant in the asylum *Weekly*. Punctuality could evidently be the stuff of legends at Illenau since a similar lapse, perhaps it was even the same one, is also reported in an article entitled *A Day in the Life of Illenau*. In this article, each part of the day is

organized around the bell chimes and the events they initiated. The day in question gets off to a slightly shaky start when the new bell-boy is off on the timing of the chimes:

The bell chimes five o'clock...If I am not mistaken, Tsar Paul of Russia was such an extraordinary enthusiast for bell chimes that he would ring them instead of his sexton as often as possible...I am reminded of this because the chime this morning is making such odd leaps. That Russian Tsar would not be pleased with the person ringing today. Hopefully he will do a better job next time, not the Tsar but the new attendant.⁴

The errant bell-boy would hardly have warranted inclusion in this article had his tardiness not undermined the very fabric of asylum life. Temporal order was essential for sustaining that concerted social action which constituted the rotations of the pinwheel as described in the introduction.

The bell debate also had a figurative meaning that transcended the immediate concerns of the injured parties. As evidenced by Schiller's poem *Die Glocke*, the bell was a symbol for the soul in the popular understanding of the period. Indeed, it was such a commonplace that the *Illenau Weekly* used the ringing of bells for representing to its readers the nature, texture and variety of experience itself. A particularly eloquent meditation on the metaphysical significance of bells and their ringing entitled "Bell Chimes" appeared in 1892:

But, my Dear Unfortunates, let us not stand here and direct our attention towards that which causes us suffering and makes us sad. That which can save us lies not within us, but above us. From above we hear the sound of ringing bells gentle and clear: Turn your gaze upwards, your heart upwards, your hopefulness towards the sun. May I give to you whose heart yearns for rest, for peace, the following advice: listen not to the voices from the depths, look into the sky, there you can discern a faint ringing that is bright and hallowed. Have you never heard it before, the chimes of bells from above that speak to you about your God's devotion and mercifulness, peace and reconciliation, the resolution of all disharmonies into contented harmony? You can perceive the sound of such bells from all sides, if you only chose to. It permeates the melodies of Händel and Bach, you can hear it in many an elevated poem...Oh how many such chimes tap at our heart, they caution and move us like the words of a friend and, from deep within our innermost being, a voice may answer that has perhaps been silent for a long time. Surely you are even familiar with human souls who have a special bell chime that penetrates deep into your heart – oh our life is full

⁴IW, Nr. 8, 1867.

of chiming bells, high and low, serious and sweet, that all contain a caution: Never forget, oh human soul, that you have wings! If you want to hear the ringing bell utterly and totally, then go and sit in holy silence in the house of God, where the innermost chord of your heart will answer the heavenly tone whose key remains the same throughout all the ages.⁵

In light of this figurative parallel, the debate between Roller and Rosenlecker assumes a second order significance. The question of whether the sound of Illenau's bell was an intrinsic quality or a function of the environment in which it was suspended had a psychological correlate in the question of whether soul-states were an essential condition or the result of a person's environment. Ironically, Roller found himself cornered into a position where he had to argue the essentialist line regarding the bell in the asylum clock tower. Illenau's program of aesthetic re-education was, of course, based upon the assumption of environmental contingency. In fact, the whole purpose of building an institution to Illenau's lavish specifications was to create an environment for restoring the chime of afflicted soul-bells.

At any given moment there were sure to be as many perceptions of the passage of time at Illenau as there were members of the asylum community.⁶ Yet as Norbert Elias has argued, every society will also produce a collective experience of time:

[Temporal order] is a social institution varying with the state of social development. In growing up, the individual learns to understand the time signals customary in his society and to regulate his behaviour by them. The memory picture of time, the idea of it that an individual possesses, therefore depends on the state of development of the institutions representing and communicating time, and on the individual's experience of them from an early age.⁷

⁵IW, Nr. 10, 1892.

⁶For a theoretical discussion of the historiographical problems raised by the difference between the perceived passage of time and actual passage of time, see: Hermann von der Dunk, "Dargestellte und erlebte Zeit. Gedanken zum Zeitbewußtsein und zur Periodisierungsfrage." In: *Universalgeschichte und Nationalgeschichte*. Edited by Gangolf Hübinger, Jürgen Osterhammel, and Erich Pelzer. Freiburg im Breisgau: Rombach Verlag, 1994, p. 11-29.

⁷Norbert Elias. *Time: An Essay*. Translated by Edmund Jephcott. Blackwell: Oxford, 1992, p. 13.

Illenau was just such an institution for the representing and communicating of a collective temporal order. I have called this temporal order 'asylum time.' Admittedly patients did not, for the most part, come under the influence of asylum time from an early age as required by Elias.⁸ But when patients arrived they encountered an especially potent temporal order, an order designed to effect a spiritual transformation and restore sanity. Asylum time was slow, deliberate, pre-industrial, and, like the *Biedermeier* phenomenon itself, anachronistic. It was quintessentially *Biedermeier* not because it was typical of its era, marked by accelerating and changing social conditions, but because it was typically at odds with the accelerating temporal order of an industrializing age. At Illenau living conditions had been realized which many *Bürger* could not produce but for which they nonetheless yearned.⁹ Below is a characterization of "the average *Bürger*" as portrayed by the *Biedermeier* scholar Eilhard Erich Pauls in 1927:

Biedermeier is poor and frequently even lazy. Because Biedermeier is contented. He has come to terms with his poverty and accepted himself on those terms. He can find no incentive to strive to escape from his condition. He is comfort-loving, slow, and earnest. And that is why he is lazy. The pleasures he takes are not of the loud variety, they are not dazzling and such that would irritate his nerves. All that would be too expensive for him. The pleasures he takes are the quiet, sacred, unalienable pleasures of a life directed inwards. These pleasures are not compatible with hurry, restlessness, sincere, and diligence. Of course Biedermeier works, but always steady, steady ! His peace and complacency are not to be disturbed by doing so.¹⁰

It is striking that much of the characterization of this average Biedermeier pertains to his patterns of movement through time which are said to be slow and deliberate.

To rehearse one of the central claims of this study, Illenau was a multi-faceted instrument for the manipulation of *Gemüth* "in all of its tender stirrings." Previous

⁸According to the statistical charts of Illenau, fourteen was the youngest age at which patients were admitted to the asylum. *Illenau Statistik*, 1866, p. 28.

⁹Applegate, *Nation*, p. 10.

¹⁰Pauls, *Der Beginn*, p. 57.

chapters have shown how the social structure and spatial configuration of this instrument were shaped to adjust the balance and distribution of *Gemüth*. This chapter will examine how Illenau doctors engineered its temporal order to correct the rhythmic properties of those tender stirrings both individually and collectively. The following chapter will examine: first, how the phenomenon of ‘asylum time’ was constituted; then, how the disordering of time was associated with the very notion of mental illness; and finally, how the cadenced arts of music and gymnastics were used as treatment methods.

5.1 Daily Routines

Before proceeding with a general description of asylum time at Illenau, it will be helpful to present first-hand accounts of its temporal order as experienced by an attendant, patient and physician respectively. A comparison of these accounts will reveal the commonalties and differences of asylum time as experienced at different points within Illenau’s social hierarchy.

Attendants were responsible for administering medication and noting sudden changes in the condition of patients but, most of all, for shuttling them from one activity to the next. The sheer articulation of each day was at least as important as the specific activities to be performed.

In the mornings patients would be awakened at 4:00 a.m. in the summer and 6:00 a.m. in the winter. They rise together. Get dressed, wash and brush their hair together. Then they assemble in their wards for a morning prayer. Then, in the summer they go to their occupations until breakfast, in the winter they go straight to breakfast. The hours of occupation are interrupted by lunch and dinner, each of which is followed by an hour of rest. The beginning and end of each meal is signalled by ringing of the bells and saying grace. Dinner is earlier in summer than winter but never before 6:30 p.m. The period between dinner and sleeping is devoted to relaxation and games. Patients go to sleep at 8:00 p.m. in the summer and 9:00 p.m. in the winter.¹¹

Maintaining this schedule of partitions demanded a high degree of mindfulness and involvement on the part of attendants. An evocative image of the intimate reappoit existing between patients and attendants at Illenau is captured in the photo of a patient being hand fed by an attendant. Although attendants today might still occasionally resort to feeding their patients by hand, the practice cannot be said to be symbolic of their relationship as it was at Illenau where the rhythm of life and hence experience, for both carers and charges were fused. The *Weekly* reported a case of one attendant, for example, who took an especially difficult patient to live in her own apartment (a measure that would be considered extraordinary today and probably unwise from the perspective of legal liability).¹² Some attendants even suffered under the intimacy of their daily responsibilities. The memoirs of one female attendant reveal that she struggled with the exertions of coaxing patients to observe the routines of asylum life, with the lack of privacy while on ward duty and with her dissolution into the patient community. For her the position of psychiatric attendant was reminiscent of a religious vocation:

Just as the outstretched arms of the crucified Christ stretch through all centuries, so the active, self-sacrificing love of from heart must, at least in its intentions, spread to all and boldly dissolve the barriers of the past, present and future.¹³

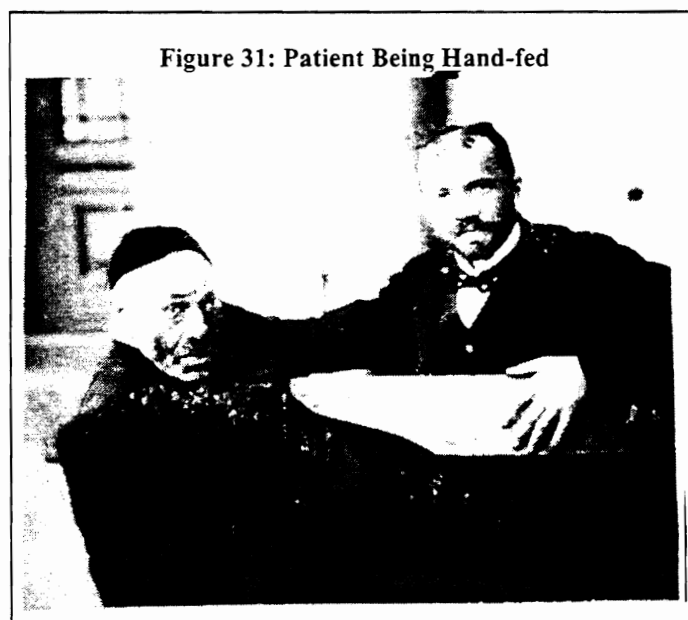
¹¹Roller, *Beziehungen*, p. 164.

¹²IW, Nr. 31, 1874.

¹³“Aus den Papieren einer Krankenpflegerin.” In: IW, Nr. 27, 1879.

This dissolving of “the barriers of the past present and future” to create an expanded present was an essential attribute of asylum time.

The day was divided between periods of resting, praying, eating, playing and occupation. Of these, ‘occupation’ is the least self-explanatory. The original passage says ‘*Arbeit*’ which would standardly be translated as ‘work.’ But work at Illenau was not work in a contemporary sense.¹⁴ Occupations divided down lines of class, gender and curability. Lower class patients performed chores that helped maintain the asylum’s



infrastructure while upper class patients pursued occupations of their choice. Work

¹⁴Illenau officials had a distinctly pre-modern conception of work. Their administration of the asylum did not encourage a regimentation of work in association with industrial time as represented by, for example, Marey’s experiments on “physiological time” for the sake of rationalizing industrial time. See: Anson Rabinbach, *The Human Motor, Energy, Fatigue, and the Origins of Modernity*. Berkeley, Los Angeles: University of California Press, p. 93-97.

therapy, although it was not called that, was a cornerstone of moral therapy in every cultural context. Roller quoted German, English and French authors as evidence of its widely recognized efficacy.¹⁵ Yet according to Roller, it played a more prominent part in German institutions than French ones.¹⁶ The asylum must provide a wide spectrum of occupational opportunities to its patients so that the work allocated to patients can be adjusted to their individual needs and abilities.¹⁷

Careful regulation of the way of life and dispensing of medication form only part of the therapeutic program. At times rest is salutary; at times distraction through entertainment and occupation: readings from physicians, chaplains and head attendants; singing lessons, reading by one's self in books from the large library, the all-important gymnastics, including for women; the agriculture labour already mentioned earlier, domestic chores of various kinds, working in the workshops, of which we have a large number in Illenau. One must never tire and must always remember to consider the needs of the person, to discover what will prove most beneficial.¹⁸

Work therapy must be premised on the assumption that the patient is "reasonable" (*Vernünftig*), Roller argued, and that, "like an algebraic equation, this reasonableness is the unknown quantity x to be uncovered through the calculus of work."¹⁹ Psychiatric therapy had to presume some degree of psychological functioning in patients. And yet Roller's son maintained, "we must always remember that we are dealing with a fiction or at least an unknown quantity."²⁰ Roller was opposed to patients being made to perform tasks that were obviously vain or absurd. He criticized the Charité's practice of making patients dig trenches one day and fill them the next.²¹ He also chided the practice of

¹⁵See chapter on: "Beschäftigung der Irren." In: Roller, *Beziehungen*, p. 178-192.

¹⁶Ibid, p. 179.

¹⁷Ibid, p. 186.

¹⁸Christian Roller, "Illenau," p. 567.

¹⁹Ibid, p. 190.

²⁰Christian Roller, "Kaiserswerth," p. 73.

²¹Ibid, p. 190

hitching patients to a cart to pull a wagon loaded with more patients.²² Work as a form of rhythmic activity was to be neither strenuous, nor monotonous, nor ridiculous.²³ Patient labour had to appear purposive, at least it had to correspond to an idea of purposiveness because the idea of purpose, he said, is a “curative idea” (*heilsame Idee*).²⁴

An account by the patient, Heinrich Hansjakob, stepped through the same sequence of events but evaluated them from the perspective of a person in care. His account was, to some extent, representative of patient life although it must be remembered that Hansjakob was an upper class patient enjoying greater privileges to dispose over his own time than most lower class patients. Even so, the medical records of Albert Curta who belonged to the lower accommodation class, reveal that when patients steadfastly refused to perform a task allocated to them, in Curta’s case it was agricultural labour, they could be granted permission to occupy themselves as they desired, in his case “library studies.”²⁵ Hansjakob’s portrayal of a day at Illenau places considerable emphasis on the personal encounters and interactions which accompany each phase of the partitioned daily schedule:

First thing, attendant Griesbaum announces that it is morning after having already come in the early hours to put coal into the oven and heat the fire...After 7 the barber Jenne appears with his tub and soaking wet linen towel...The first conversation is held with Jenne about the weather and the books he has read during the night, in case he had night duty, or, in case he went out, where he drank his beer last night. He is followed by Deninger, the masseur, and while he is plying his trade, he recounts events from his life or the principles of a sensible way of life. In the mean time

²²Ibid, p.192. This spectacle had a wide spread appeal in the early psychiatric literature. It is repeatedly mentioned but appears to have served a symbolic rather than practical purpose. In an earlier era of asylum management, an era perhaps less ambitious about treating mental illness, this spectacle of the insane leading the insane in a self-sustaining activity may have seemed more edifying than it did for Roller who wanted to see the sane leading the insane.

²³Ibid, p. 189.

²⁴Ibid, p. 185.

²⁵PR: Albert Curta, 1868.

the head attendant appears, brings a few letters and asks, how was my night, in order to report on my condition at the morning conference with the director...In this way, it turns 9 a.m. and later. Now Dr. Dietz has appeared at my side during his medical rounds. He has to visit 80 to 90 patients twice a day...Once we have discussed the state of my soul and *Gemüth*, we continue to chat a little. My right-door neighbour often joins me for lunch and we talk for a half an hour...Once I have returned from bathing, the director usually joins me, and we go into the “parlamento” until after seven in the evening. After dinner my neighbour makes another quick appearance.²⁶

By the end of the day Hansjakob has met seven different people with whom he has conducted six types of exchanges: namely simple conversing, story telling, being interrogated, questioning, chatting and debating. Hansjakob perceived these ritualized interactions to be deeply comforting. The daily conversations with the bathing attendant was one of the highlights of his day:

And here is the bathing attendant, Anton Schmitt. I appear before him every evening at 6:00 p.m. He has prepared the bath. Yet he is not permitted to lock me in and leave, as is usually the fashion, but must sit down on a chair and keep my company (*Gesellschaft leisten*), until I get out of the water. So he sits there, and I lie there, and he recounts what I want to hear – about [the town of] Gamshurst, about mother and father, and about military service which he did at Mülhausen in Elsass. He can recount so well, our Toni from Gamshurst, that we have become fast friends and, at the end of every week, I tip him for being such good company.²⁷

While lower class patients had fewer opportunities for such a varied and extended range of exchanges, they would certainly have been exposed to a number of personal encounters with other members of the asylum community since frequent encounters between patients and members of staff were, as discussed in the chapter on asylum space, anticipated in Illenau’s architectural configuration.

A trainee doctor, Eduard Meyer, described the schedule as a never ending series of medical rounds and meetings. The first meeting, he said, was scheduled for 8:00 am. The first official tour of the wards was conducted at 9:00 a.m. But most physicians had

²⁶Hansjakob, *Kranken Tagen*, p. 196-204.

²⁷Ibid., p. 119.

already made an appearance on their wards before breakfast. At 11:00 a.m. the medical staff returned to Roller's office to discuss cases. At lunch time, when large numbers of patients were assembled on the wards for meals, the doctors exchanged wards in order to examine the progress of patients of the opposite sex:

Towards 12:30 the lunch bell rings; the main assistant, Dr. Hergt, enters the male wing and Dr. Fischer passes by the women, so that the observations do not remain one-sided. In the afternoon between 4 and 5 o'clock another, somewhat shorter, visitation is conducted, after which we all gather together again in the [Director's] office. If something extraordinary has occurred by then, it gets presented; otherwise this period is designated for the exchange of ideas about scientific developments in psychiatry as well as all other branches of medicine. Then the patients are observed yet again during dinner time and before going to bed. One or the other of us will intermittently make a quick tour of the premises at odd hours, sometimes at night, mainly to control the attendants. Even before the official morning visit every doctor will already have made a quick inspection of his ward and inquired whether any unusual occurrences came to the attention of the attendants during the night. So, two thirds of the day are spent with the observation of patients.²⁸

With a staff of three main doctors, i.e. the director and a head doctor for the male and female wing respectively, and twelve assistant doctors responsible for specific wards on each wing, it can be estimated that patients would have been seen by the medical personnel approximately three times a day.

Meyer resented the "almost pedantic care" which Illenau physicians observed their patients and Roller had to concede that few physicians were able to equal Hergt's level of output calling his achievement "almost unbelievable."²⁹ Meyer claimed that the frequency of medical rounds at Illenau led to an excessive regimentation of the doctor/patient relationship. Doctors were constantly on the run from one ward to the next, he complained, unable to attend to patients individually. Moreover, the shifting allocation of doctors to wards made it impossible for patients and attendants to prepare for the

²⁸Meyer, *Lemgo Bericht*, p. 92-93.

²⁹"Letter regarding employment of medical staff," September 8, 1842. In: GLA: 463 1061.

encounter psychologically: they only know *that* a doctor will appear but not *which* one. The same objection applied to the chaplains because they are always in the company of the physicians. Meyer concluded that the hasty albeit frequent schedule of medical rounds at Illenau rendered the bed-side manner of both physicians and chaplains inappropriately “business-like” (*geschäftsmässig*).³⁰

Illenau physicians regulated the temporal order at the level of collective rather than individual experience. As Meyer’s testimony reveals, they were required to cultivate not merely, nor even primarily, an affable bed-side manner but, more importantly, an efficient asylum-wide manner. Only by monitoring the asylum population as a whole could physicians insure that the spending of time in the community conformed to the therapeutic pattern devised by Roller and Hergt. The rhythmic articulation of each day, i.e. the progression from one type of activity to the next, was believed to exercise a curative influence independent of the physician’s personality. The continual orbiting of physicians around the asylum spawned an associated sequence of inspections and occupations for patients which, in turn, entailed a matching set of assignments for attendants. Asylum time arose out of an intercalated structure of activity distributed across the asylum population. In Roller’s words:

The house schedule of such an asylum, if it has been carefully worked out and approved by the highest officials, contains powerful curative forces – all the more powerful the more punctually it is observed.³¹

³⁰Ibid, p. 143.

³¹Roller, *Illenau*, 1852, p. 191.

Figure 12: Patients Weaving

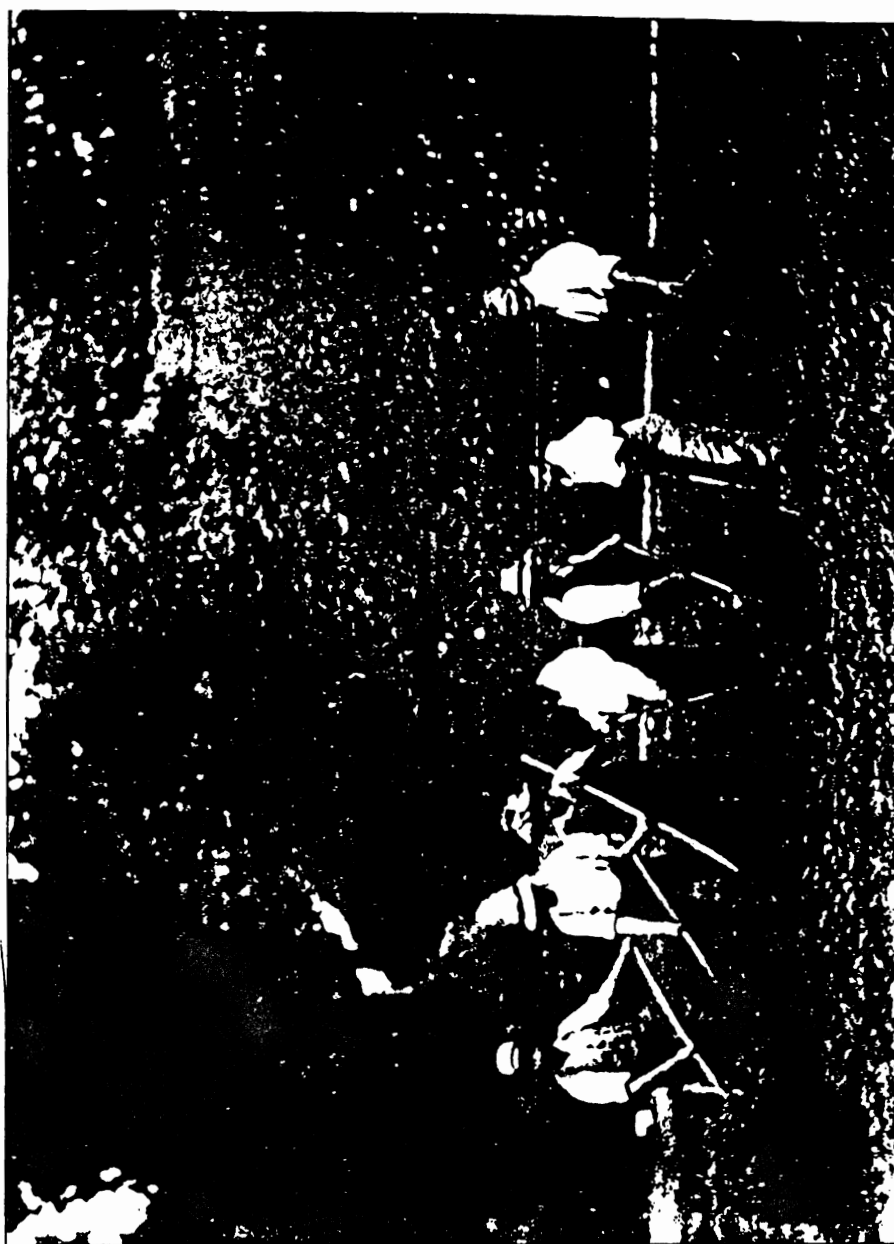


Figure 33: Patients Cutting Vegetables



Meyer's unease regarding the duration of medical consultations is corroborated by a caricature held in the Illenau scrap book at the State Archive in Karlsruhe. The illustration portrays a psychiatrist racing at high speed through one of the asylum's long

Figure 34: Patients Farming



hallways. The double imagery of acceleration, the psychiatrist is being pulled by a train from the front and accelerated by a propeller on his back, highlights the temporal dimension of the doctor/patient relationship and, in particular, draws attention to the acute lack of time for personal consultations. By replacing the psychiatrist's head with a signalling light, the caricature associates the psychiatrist's ministrations with a signalling light. Like a chronometer for regulating the movement of trains, he controls the movement of patients through the asylum. The patients are depicted as astonished spectators to the psychiatrist's flying visit. Their facial expression is suggestive of a conflict between individual time and collective time with the latter decidedly taking precedence in the psychiatrist's order of priorities.

Punctuality was the "golden rule" of asylum life, a rule which, according to Roller, was observed more rigorously in German asylums than elsewhere.³² The more punctually members of the asylum community performed their responsibilities, the more powerful would be the therapeutic effect exercised by the schedule. According to an article, "On Punctuality," in the *Illenau Weekly*, the timely execution of one's duties was

³²Roller, *Beziehungen*.

Figure 35: The Psychiatrist of the Future



Der Zukunfts - Psychiater bei der Visite - -

an essential condition of personal happiness and professional success; everything must be done “at the right time” (*Alles zu seiner Zeit*):

A young man, who is not punctual, will not succeed as a labourer, or a business man, or an official (*Beamte*), because he makes life uncomfortable for himself and all that try to co-operate with him. A girl will not be popular with others or in her own home, if she can't learn to be punctual, and a house wife, who is not able to prepare meals on time, will not spoil her husband's mood not only for that day but for the duration of their married life. The next generation will certainly not be improved by such a situation! If time is money, then punctuality is far more: it is confidence in one's own abilities, confidence in others, honour.

Punctuality was not only a personal asset, however, it was a social obligation. Roller quoted his mentor Jacobi regarding the importance of punctuality for maintaining social order:

It is hardly necessary to elaborate the importance of this “golden rule” in practice. What holds true in a small measure for the family and home is all the more important when applied to a large community such as ours. Every tardiness on the part of an individual inhibits the whole to some degree. What a pleasure it is to behold every limb of the organism attending to the punctual execution of the responsibilities allocated to him. But, by contrast, how terribly can even the smallest oversight avenge itself.³³

By comparing the asylum to an organism, Roller indicated that Illenau's temporal order was more complex than the ticking of a clock; it was variable yet steady like a pulse. For one thing, some patients, especially female patients from the upper classes, would steadfastly refuse to co-operate with the terms of the daily schedule, becoming unruly if pressured by members of staff.³⁴ In such cases, the granting of exceptions was permitted, provided they did not disrupt the spirit of order. The schedule was not to be understood as a time sheet specifying a precise hour for every action, but a framework for co-ordinating all events impinging upon the consciousness of patients. In Roller's words:

³³“Von der Pünktlichkeit.” In: IW, Nr. 21, 1880.

³⁴Roller, *Beziehungen*, p. 165.

By that [the house schedule] I mean neither the totality of the above forces, nor a pure hourly apportionment of the day, but the meaning and spirit of the law, according to which all operations pertaining to the circumstances of the patient are regulated.³⁵

Roller warned against allowing the regularity of asylum life from collapsing into the regimentation of a “barracks-like” (*kasernenartig*) routine which would increase patient’s awareness of being confined because they would be uncomfortable.³⁶

More important than the festivities, larger assemblies and performances themselves is the structuring of every day life and, what is even more difficult, disrupting the monotony of the same in a munificent manner.³⁷

In order to regulate the perceived passage of time, Illenau officials immersed their patients in the immediacy of lived experience. The management of attention was used to suspend awareness of the passage of time and thus shield patients from the monotony of confinement.

In the life of an asylum like ours it is an important responsibility to see to it that the source of refreshments and stimulation does not get depleted in the regular flow of each day. The toings and froings easily assume a certain uniformity and machine-like quality which is why it is necessary to awaken a sense of appreciation for daily life and daily occupations so that they are forever illuminated from new sides and acquire an ever higher meaning.³⁸

Illenau physicians managed the attention of their patients by keeping them occupied with a variety of activities and sensations where activities could include everything from scrubbing vegetables to writing poetry and sensations everything from the raptures of beholding the landscape to the delights of bathing. It was with respect to the ordering of time, and the consequent management of attention, that the historical distance between a closed institution like Illenau and the “total institutions” described by Goffman is most

³⁵Ibid, p. 156.

³⁶Ibid, p. 163.

³⁷Christian Roller, *Kaiserswerth*, p. 17.

³⁸“Unterricht und Unterhaltung.” In: *IW*, 48, 1871.”

apparent. Rather than inducing the “mortification of the subject” through enforced boredom, Illenau officials pursued the fortification of collective experience through organized activity.³⁹

The effects of this therapeutic strategy are documented in the testimony of patients. Whether or not they deemed the strategy to be pleasurable, patients felt their awareness of the passage of time to be dimmed by the routines of multifarious sensation to which they were exposed daily. The following excerpt from Hansjakob’s memoirs of his treatment at Illenau described the phenomenal effects of asylum time in favourable terms:

Thus day by day goes by, as quickly as if I were healthy and living outside in the world. Indeed, more quickly, because here time is not measured in terms of the oneness of every day concerns; whereas outside, life approaches us in many guises furnishing many measures for registering the passage of time...There is proverb that says that time flies if you’re happy; I have not been happy here for a single hour, that is to say I have not been entirely free from complaint, and yet I’ve not counted the hours and time has flown by as if I were contented, despite the fact that life here is a daily oneness and I must spend each day with hardly any cerebral occupation. The eternal oneness here is comprised of a myriad of daily recurring factors.⁴⁰

Hansjakob’s allusion to “oneness” referred to the uniformity of each day. He did not find this uniformity boring because it was an engrossing oneness. Ernestine Kußmaul, by contrast, resented her confinement:

Time passes, I feel well in body and mind but uneasy on being kept here against my desire, a useless member of society...Here, not understanding the value of time, as we have to do in America, not being in the least capable to understand my affairs, or my desire for freedom, they comfort me, every time I ask them to let me go, by assuring me: That I did not understand my own affairs very well and that most likely they were prospering much better than I thought. In fact I would feel sometimes slightly impatient if I did not keep myself busy all day working or reading.⁴¹

³⁹Goffmann, *Asylums*, chapters i-v.

⁴⁰Hansjakob, *Kranken Tage*, p. 204.

⁴¹At Illenau there was no perceived conflict between therapy and personal relations (in contemporary psychiatry the two are kept separate). Many of Roller’s colleagues and friends sent family members to the asylum for treatment.

Strikingly, both Hansjakob and Kußmaul agree that the “eternal likeness” of asylum life is rendered at least bearable by fixing the attention through “myriad of daily recurring factors” or keeping “busy all day working or reading.”⁴² Unlike Ken Kesey’s imagined asylum, where Nurse Racket sabotaged all forms of directed activity, especially group activity, because they posed a threat to institutional autonomy, Illenau officials positively encouraged such activity.⁴³

According to an article published by a patient in the *Illenau Weekly*, one of the key elements of maintaining the stimulating quality asylum life was to allow patients the freedom to structure their own time:

The “daily schedule.” By this term I designate the plan which every patient of the higher accommodation classes can and should establish every morning of a new beginning day according to his own needs. Of course such a plan must be determined in accordance with the requirements of the house order in general and with the complete agreement of the responsible physician in particular. But within the constraints set by these two powers every patient is best able to determine the best use of his free hours. Even the most well intentioned physician will not be able to make provisions for how every individual patient should spend every free hour in the manner that will not only be the most beneficial but also the most enjoyable. He simply does not have enough time. Also, he cannot be as *au courant* as the patient is himself regarding the eb and flow of energy, temporary blockages to the same or a stand still. Least of all the physician will be able to conjure to his mind a completely accurate picture of the changing desires and occupational needs of each individual patient day by day which is why patients must have their own plan prepared.⁴⁴

One such case was Ernestine Kußmaul the sister of Adolf Kußmaul mentioned in the introduction. See: Patient file Ernestine Kußmaul. Letter from Ernestine to Adolf, October 18, 1872.

⁴²There are many letters stored in the patient files which express the patient’s desire to be released from confinement. One could interpret the existence of such letters as a refutation of the claim that the asylum generated a psychologically engrossing way of life for its members. But for every letter of complaint there is a letter in praise of asylum life to be found in the patient records. Frequently, the same patient will fluctuate between these two appraisals in different letters. There is no reason to assume that the temporal order was always successful or that all patients responded favourably to it. But, I would argue, asylum officials strove to create the conditions for immersing patients in present experience and the temporal order of the asylum reflected that intention.

⁴³Ken Kesey, *One Flew Over the Cuckoo’s Nest*.

⁴⁴IW, Nr. 28, 1872.

Like the patient quoted above, Roller construed every day as “a new day of creation.” This inflated language was not just a rhetorical flourish on the periphery of his medical project, but a poignant formulation of therapeutic practice at Illenau where, in a sense, time was to be arrested in an iterative loop of finely articulated immanence.

Naturally, the procedures which recur daily are soon arranged according to a fixed routine, but not the extraordinary ones, the changing ones – that is why the order for every day cannot be settled in advance, as much as it may appear to be, rather it must be created every day anew.⁴⁵

Elsewhere Roller’s reverence for the centrality of time in the structuring of asylum life even found expression in words reminiscent of *Ecclesiastes*:

To every action its time and to each volition under the sky its hour – as in God’s great world order so also in the microcosm of an insane asylum. To ascribe to every deed its appropriate time without either threatening the synchrony of the whole or the needs of the individual, it requires much good will, a great amount of circumspection as well as experience, never ending patience, conscientiousness extending into the smallest details and, most of all, the leadership of a sovereign Will.⁴⁶

This passage casts the directing psychiatrist as an asylum god, responsible for creating a temporal order which neither threatens ‘the synchrony of the whole’ nor ‘the needs of the individual.’⁴⁷ Striking the right balance between these two sets of interests was a requirement which pervaded every dimension of psychiatric practice. Illenau’s prime mover determined the appropriate ordering of asylum life, set the clockwork of its diurnal routine into motion, changed the settings of its hour-hand and minute-hand in accordance with the needs of each day and co-ordinated the various activities of different groups within the asylum community.

⁴⁵Roller, *Beziehungen*, p. 163.

⁴⁶Ibid.

⁴⁷Eliade has portrayed such eternal regeneration myths as forming part of an “original ontology” of “paradigmatic gestures” which can be traced across cultures throughout history. Mircea Eliade, *The Myth of the Eternal Return. Cosmos and History*. Translated by Willard R. Trask. London: Arkana, 1989 (1954), p. 49-93.

In a speech delivered in celebration of Illenau's 90th anniversary, Schüle picked asylum time as one of the main sources of the psychological distance between the world inside the asylum and the world outside. In his words, asylum time is the result of "a daily routine of repeated duties whose self-evident progression continues through all eternity" (*weil sich der tagtägliche Betrieb nach des Dienstes ewig gleichgestellter Uhr in Selbstverständlichkeit abspielt*).⁴⁸ It is not possible to capture in English the full range of connotations which resonate in the original passage. The German phrase "*des Dienstes ewig gleichgestellter Uhr*" (roughly "a daily routine of repeated duties") mentions the word *Uhr*, i.e. clock, thereby placing particular emphasis on the temporal quality of psychiatric practice instead of, for example, the therapies themselves.

"*Selbstverständlichkeit*" means roughly "self-evidence" which is what Illenau's temporal order was meant to be. The repetitive physical actions conducted by all members of the asylum community imparted to the experience of asylum life a self-evidence which enabled individual patients to comprehend their place in the operations of the whole of asylum life. The German word "*Selbstverständlichkeit*" is a compound that could literally be translated as "self-comprehensibility" with *Selbst* meaning self, *Verständlichkeit* comprehensibility. This literal translation indicates that the immediacy of lived experience was to generate a permanent form of self-comprehension that fixed the patient's *Gemüth* in the rhythm of the community.

The emergence of an asylum-specific literary genre whose narrative structure had a peculiar temporal order can serve to demonstrate the formative influence of this daily routine on perceived time. The literary genre in question employed the passage of a

⁴⁸Anonymous, Festrede zum 90. Jubiläum Illenau, 1932. In: SA B821/124.

single day as an organizing device for describing life within a psychiatric institution. In 1867 an account of Illenau's asylum life appeared in eleven instalments in the *Illenau Weekly*. It was called "A Day in the Life of Illenau" (*Ein Illenauer Tageslauf*) and bore all of the hallmarks peculiar to this genre: Temporal progression is curtailed by the eternal recurrence of a single day; various moments in the day serve as starting points for lengthy digressions on the history of the asylum and for introducing key figures in the asylum hierarchy, intermittent comment is made on the state of contemporary society and the occasional patient profile helps set the tone.⁴⁹

This genre not only represented asylum life, it also communicated the peculiar quality of its temporal order. The introductory passage of the Illenau article, for example, described the heterogeneous multiplicity of lived moments unified in the totality of asylum time:

The plethora of people, things and events which we encounter every day, year by year in our dear Illenau is incredible; and yet in the midst of these storm floods the precise order of each day remains constant both in its totality and in its individual components; it exercises its influence unstintingly, it can be seen to operate at every hour somewhere and somehow.⁵⁰

By stylistically suspending the passage of time it performed in the realm of literature what the asylum itself performed in the practice of communal living. A single day exemplified of all other days:

In a well-organized asylum, all other days will more or less resemble this one. Changes in the place, staff, season, environment and other conditional factors may cause manifold, but ultimately trivial, differences.⁵¹

⁴⁹IW, Nr. 7, 1867.

⁵⁰"Ein Illenauer Tageslauf." In: IW, Nr. 7, 1867.

⁵¹Laehr, *Irrsein*, p.158.

The time of this genre was both expanded, one day stands for all possible days, as well as compressed, the history of the institution was recapitulated through the story of a single day. This structuring of time in the narrative invited the reader to enter a world in which the passage of time has been bridled to move in narrow, deliberate and purposeful steps. There are many such accounts distributed throughout mid-19th century German the asylum literature. A comparable piece was published by Roller's friend and fellow asylum director, Heinrich Laehr, on the experience of life at the *Schweizerhof* asylum, "Twenty-four Hours in the Life and Business of an Insane Asylum" (*Vier und zwanzig Stunden aus dem Leben und Treiben einer Irrenanstalt*).⁵² Physicians were not the only members of the asylum community partial to this genre, however, the Illenau patient, Heinrich Hansjakob, also employed it in his memoirs.⁵³

The contracted quality of asylum time influenced portrayals of the asylum's history. One chronicler from the Roller-era, Friedrich Brandt, wrote a history of the institution that was stylistically contained within a single year. Brandt was the son of one Roller's closest family friends who became an Illenau preacher in later life. His history of the asylum featured the characteristic compression and expansion of asylum time in its narrative time. He described Christmas, the Ducal visit, Roller's 25th anniversary etc. using each episode to elaborate on the management of asylum life, the philosophy of Roller's cure regime and the entire history of the asylum. Although his narrative spanned six decades of asylum life, it also seemed temporally dislocated because he focused almost exclusively on festive events which were repeated annually.⁵⁴

⁵²Ibid, p. 158-212.

⁵³Heinrich Hansjakob, *Aus Krankentagen. Erinnerungen*. Lahr: Moritz Schauenburg, 1933, p. 196-201.

⁵⁴Brandt, *Jahrzehnten*, 1903.

The most monumental expression of asylum time in narrative form is Laehr's comprehensive history of psychiatry, *Gedenktage der Psychiatrie*, which is still the authoritative guide to the early years of the profession. Laehr's *Gedenktage* is also known for its peculiar organizational structure. It organized the history of the profession from 1600 to 1900 around the classificatory principle of the days of a single year. For each day of the year, *Gedenktage* lists the events of disciplinary interest which occurred on that day. Laehr's history of psychiatry echoed, by its very structure, the world of asylum regularity which he and Roller inhabited: where centuries and decades were compressed into a single year and the year into a single day.

The expansion and compression of perceived time in asylum life had the effect of immersing individuals in a rhythmically accentuated present. Unconscious experience emanating from a sense of immediacy was construed by Illenau physicians as highly curative because it regulated and ordered the impaired *Gemüth*. In Christian Roller's words:

The awareness of a personality at any given time is determined by processes occurring in its dark depths.⁵⁵

It was a tenet of the Illenau School that a patient's past was associated with the causes of mental illness and the future often seemed terrifying to those afflicted with mental illness. So Illenau physicians strove to bracket their patient's awareness of past and future by immersing them in present experience. The rationale for this procedure can be traced back to the ontological character of *Gemüth* which was always in a state of becoming, but, in its healthy functioning, was not aware of being in this state. Although some experiences and states of mind could rise to awareness, they did not remain there

⁵⁵Christian Roller, *Gemüth*, p. 8.

long. Mental illness entailed the loss of immediate, unreflective experience by making patients aware of their location in time which, in turn, gave rise to a feeling of anxiety. To correct this feeling it was necessary to combat excessive self-consciousness through the management of attention. The sheer rhythmic structure of activities and sensations served to fix the attention to things outside the self. Before proceeding with an examination of music and gymnastics as instruments for the management of attention, it will be helpful to further characterize the temporal dimensions of mental illness as perceived by Illenau physicians.

5.2 The Meter of Madness

One section of Kant's *Von der Macht des Gemüths* is entitled, "Untimeliness of Thinking" (*Von der Unzeit im Denken*) which, he alleged, occurred when executing actions at the wrong time, such as eating and reading simultaneously or walking and thinking. He claimed that untimeliness could cause disturbances of *Gemüth*, for example indigestion and weakness. It is quite remarkable that Kant should have warned against the dangers of walking and thinking given his well-known predilection for the afternoon stroll around the park but, perhaps, he did not allow himself to think on those occasions. Kant's notion of untimely action is related to Roller's *arrhythmia* except that Kant's untimeliness designated voluntary activity whereas Roller's *arrhythmia* was

involuntary.⁵⁶ In Roller's words, "most people become arrhythmic when they acquire a mental illness."⁵⁷

The Illenau literature never furnished a precise definition of arrhythmia. Yet it is apparent from context that Roller understood arrhythmia to be an idiosyncratic perception of time that wrenched a person out of his or her network of social obligations. Descriptions of patients in the Illenau literature reveal that arrhythmia encompassed a wide range of conditions from the inability to keep appointments to the inability to structure one's own time, to a deeper phenomenal disorder regarding one's location in time which could render communication virtually impossible. Arrhythmia was in any case considered to be a symptom of severe mental illness. But it was also more than a mere symptom; the causal relationship between mental illness and arrhythmia is different than that between, for example, a concussion and dilated pupils. Even though dilated pupils are a symptom of a concussion, treating the dilated pupils does not *ipso facto* constitute a cure of the concussion. Yet according to the Illenau School, treating arrhythmia through the ordering of time constituted a therapy for mental illness.

The psychiatric treatment of arrhythmia involved the ordering of experience through rhythmically structured activities, i.e. scheduling the daily routine and partaking of the cadenced arts of music and gymnastics. This ordering of experience was construed as being a creative act, even if it found expression in such an apparently passive occupation as listening to music because, as discussed in the first chapter, the

⁵⁶Immanuel Kant, "Von der Macht des Gemüts, durch den blossen Vorsatz seiner Krankhaften Gefühle Meister zu sein." In W. Weischedel (Eds.), *Gesammelte Werke* (pp. 371-393). Darmstadt: Wissenschaftliche Buchgesellschaft, 1983.

⁵⁷Roller, *Beziehungen*, p. 163.

phenomenon of having a sensation was taken to be intrinsically active. In Roller's scheme, "untimely" actions were dangerous:

The untimely announcement of family news, disturbances in other wards of the asylum or of events in the world outside can often cause upset and aggravate their condition [the patients], so everyone is asked not to communicate such news unless given special permission by the Director.⁵⁸

Inactivity was equally dangerous, however, because it compounded the dullness and insensitivity of mental illness. As a consequence, sleep had a relatively low therapeutic status at Illenau. While sleep was considered to be a panacea for physical ailments and greatly encouraged in hospital patients, Roller maintained that it should only be allowed in modest amounts for Illenau patients. He deemed sleeping in excess of eight hours to be a pernicious indulgence. When patients are locked into their rooms for 10 or 12 hours, he alleged, they are inclined to sleep the whole time becoming "dull and ever duller" and "to lie awake masturbating, making noise and indulging all sorts of nonsense."⁵⁹ Asylums which encourage "excessive sleeping" were, according to Roller, merely trying to save on the cost of attendants and lighting.

The temporal arrangement of asylum life mapped its order onto the psychological state of patients or, more precisely, their *Gemüth*. Quoting the words of his mentor Jacobi, Roller maintained that "the sense of order, balance and meter (*Ordnung, Maaß und Takt*) in the physical world is related to a sense of the good, the true and the beautiful (*Guten, Wahren, Schönen*) in the spiritual world."⁶⁰ This concordance says very little about the mechanism of influence between order, balance and measure, on the one hand,

⁵⁸*Hausordnung*, §10.

⁵⁹Roller, *Beziehungen*, p. 168-169.

⁶⁰*Ibid*, p. 162.

and the good, true and beautiful, on the other. But Roller alleged the correlation to be “undeniable.” In his opinion the temporal character of activities exercised a psychological influence comparable to the basic laws of mechanics and optics. Quoting Reil, he said:

The regularity and order, which are no longer dictated by rational faculties, must now be imposed from the outside, like pressure applied according to the laws of mechanics or the laws of optics, so that they can become the property of the patient.⁶¹

This metaphorical conflation of psychological and physical laws was rooted in Roller’s cosmology which was governed by a deep and pervasive rhythm which linked all corporeal entities (*alle Gebilde der Körperwelt sind verbunden durch einen tief und innig verwebten Rhythmus*).⁶² By tapping into this pervasive rhythm, illnesses of the *Gemüth* could be cured or, at least, a “most wondrous remission of symptoms” achieved.⁶³

This idea was, of course, not peculiar to Roller or the Illenau project. Invocations of an animated cosmos in which all material and spiritual entities participated was a commonplace in mid-19th century metaphysical speculations and constituted one of the central tenets of Schelling’s *Naturphilosophie*, especially as developed in his doctrine of a cosmic soul (*Weltseele*).⁶⁴ In fact, Schelling’s speculative philosophy exerted such pervasive influence over medical thought and practice in Germany that he has recently been identified as “one of the preconditions for the development of medicine in the

⁶¹Ibid., p. 162.

⁶²Ibid., p. 163.

⁶³These beliefs are strongly reminiscent of Pestalozzi’s pedagogical reform movement and show Illenau’s program of aesthetic re-education to have grown out of a longer tradition of educational theory.

⁶⁴Friedrich Schelling, *Von der Weltseele: Eine Hypothese der höheren Physik zur Erklärung des allgemeinen Organismus*.

Romantic period.”⁶⁵ The interesting thing about Illenau is not merely that the influence of nature philosophy should have still been visible forty years after Schelling first became a household name, but that Roller and his colleagues drew upon this relatively common body of ideas for their own professional purposes. The doctrine of organicism had, for Roller and his colleagues, direct implications for the temporal organization of Illenau’s psychic cure regimen where all forms of activity were seen to exercise an immediate influence over the animated, dynamic and pulsating character of the animate Illenau community.

The therapeutically active ingredient of “the deep and pervasive rhythm” mentioned above was *Takt*, a word recurring throughout Illenau’s medical literature, which literally means ‘meter or beat.’ In German *Takt* is an ambiguous notion emphasizing the temporal dimension of behaviour: it conveys the idea of rhythmically structured activity, the *Takt* of a given activity being its characteristic pattern of stresses and accents; and it also refers to a personality trait meaning tactfulness, delicacy and discretion. For Karl Philipp Moritz, a Romantic author noted for his writings on aesthetic experience, *Takt* involved reason but depended primarily upon the faculty of intuition:

Takt appears to be something that effects the faculty of reason. But on closer examination, it seems merely to involve reason slightly more than the relations of tones regarding their pitch. If one needed to have reason to have the correct *Takt*, then everyone who has the former should have the latter. But there are people who have the one and yet cannot acquire the other; and one can soon tell from the quality of expression that people who appear to have it, do not, because they do not feel its necessity within themselves but only pretend to do so.⁶⁶

In the 19th century these two senses of the word were seen to be fundamentally related in that the rhythm of a person’s conduct was to a certain extent governed by the

⁶⁵Gerabek, *Medizin der Romantik*, p. 47.

⁶⁶Karl Philipp Moritz, “Ueber das musikalische Gehör.” In: *Magazin zur Erfahrungsseelenkunde*. Vol. 8. Berlin, 1791, p. 45-51, 99-103, quote on p.101.

rhythms they encountered in their environment, where rhythm pertained to both physically co-ordinated activity and social codes of etiquette. *Takt* was an intrinsic quality enabling those who possessed it to pace themselves in a manner fitting any given situation. Illenau physicians hoped to restore all senses of *Takt* in their patients whose sensitivity to the ambient *Takt* and ability to find their own place within it, was impaired by mental illness. To understand how *Takt* was employed in the therapeutic configuration of activity, it is important to remember that the concept of activity at Illenau included the having of a sensory experience. When the *Gemüth* was sentient, it was active. The strength of a sensation was not merely a function of qualities inherent in the stimulus but a direct result of the energy with which the *Gemüth* responded to that stimulus. In Moritz's words:

After all this *Takt* [in music] is also grounded in the natural order, from the orbiting of planets to the circulation of the blood in our veins. These rhythmic movements actually have their origins in human nature which, in turn, impresses its essential character upon those movements, which is why this *Takt* always shines through. When a musician hears a certain relationship between notes, he hears this not outside himself but inside. He is actually the instrument which is being played. Without hearing one cannot think of a note.⁶⁷

According to Roller, the ubiquity of *Takt* reached into virtually all social interactions:

A quality, of which nobody likes to concede that they lack it, is tact; because tactless people commit a large number of small offences, and the world will sooner pardon a character flaw than a deficiency of correct form.⁶⁸

To restore the *Takt* of patients, Illenau physicians orchestrated the rhythm of their actions, including the microscopic action of sensory perception. An article in the *Illenau Weekly* argued that "true tact" had to be distinguished from "superficial tact" where the

⁶⁷Ibid., p. 103.

⁶⁸IW, 1867-1889.

former is an essential quality based on selflessness while the latter is merely a veneer of polite conduct:

There is firmly held belief that tact is innate; and it is true that one finds it to be more developed in one person than in another. Yet the ground of motivation for true tact has nothing to do with social considerations, it is a consequence of selflessness, not polite conduct; it reveals itself in consideration for the feelings of others, not merely in formalities. The tact which springs from a more superficial source will surely not last always.⁶⁹

Illenau officials repeatedly associated the healthy ordering of experience, in this case its temporal ordering, with the immersion of self in an ambient *Takt*. Or, to speak in terms of the pinwheel motif, the rotating formation of synchronized social activity could only be maintained if all gymnasts adjusted their movements to the neighbours on either side instead of concentrating on their own footwork. "True tact" was the result of directing one's attention outwards rather than inwards.

According to Hergt, experience was assembled from small units of habit which were bound together by the normative power of *Takt*. He did not mention the word *Takt* in the passages quoted below, but he demonstrated that habituated conduct had a powerful rhythmic structure governed by both internal and external constraints:

And indeed, if we take the sum total of our daily actions and occupations and analyze them somewhat closer then we discover that a large portion, for many even the largest portion, is assembled from the combination of thousands of small units of habit. Yes our professional lives, both for the man acting in the world and the woman providing in the quiet of the home, consists in the divisions and specific allocations we give to certain fixed norms, we bind ourselves to these norms and refer everything back to them; actually we are governed by them, that is to say we are habituated to them. It cannot be denied that the majority of success in business, of keeping order, and of keeping time depends upon the ability to contain the passage of time within the rigid norms of our binding habits. The correct daily order for the farmer, the precise ordering of his activities as specified by the season, can only be brought into an integrated alliance through the all-powerful force of habit. Even a majority of our corporeal functions are best regulated by wise custom: keeping exact hours for sleeping and eating is a means of securing health. These are well known

⁶⁹IW, 1867-1889.

facts; nor do I wish to praise habit any further here. Rather, I want to draw attention to the flip side of that praise: the reprove.⁷⁰

Hergt identified both advantages and disadvantages which could arise from habituated conduct; the disadvantages are a demonstration of Roller's notion of "arrhythmia" although Hergt did not use that term himself. According to Hergt, habits had a "pathological" element in that they maintained actions that were not conducive to well-being: such as, addictions to "drink" and "smoking." In this sense, they were comparable to a "rope" constraining the soul. Sensual habits, he said, have an especially insidious way of "winding themselves around our souls" and constricting the same until it is unable to free itself from this "mesalliance." Hergt noted that "many people refuse to acknowledge that they live the life of a slave within the household of their own spirit" claiming that such a description stems from one-sided moralizing. But from the perspective of one who has studied this phenomenon in a medical context, he insisted, there is no denying that habituated conduct, this "binding element which enables an individual to find fulfilment," is also a factor of inestimable importance in furthering the "pathologies of *Gemüth*."⁷¹

In Illenau parlance one important sense of the word *Takt* was the 'Takt of the physician' whose ministrations transmitted a therapeutic *Takt* to individual patients and to the patient population as a whole.⁷² Hergt was widely regarded to have had a highly developed sense of *Takt* manifesting itself in both senses of the word. He dedicated every

⁷⁰"Ueber Gewohnheiten." In: IW, 39, 1868. Compare with the chapter on "Habit." In: William James, *The Principles of Psychology*.

⁷¹"Ueber Gewohnheiten." In: IW, 39, 1868.

⁷²Although Friedrich Bird, Roller's opponent from Siegburg, did not value the concept of *Gemüths*-illnesses, he too emphasized the role of *Takt* in medical practice and especially in asylum life where it could be used to gain "mastery over the patients." Bird described *Takt* as being the doctor's "greatest security measure" and provided a longer discussion of the rhythmic interaction between doctor and patient: Bird, *Krankenhäuser*, p. 6-7.

moment to his patients: "He had to be around them day by day; for him every hour that he spent for other purposes was wasted."⁷³ And, he could allegedly establish a rhythmic rapport with every patient.⁷⁴ In Hergt's opinion the timing of a therapeutic intervention was just as important as the intervention itself; in his words, treatments "must always be used with the correct *Takt*."⁷⁵ He described the medical consultation in terms of a "dialectics" between doctor and patient which will only succeed if the doctor can find the right *Takt*:

The patient must be won over through representation, persuasion, requests, stern words, and a dialectics appropriate to the receptivity of his *Gemüths*-condition, through a promise, present or, if resistance is too great, waiting for a more auspicious moment...we may not neglect these measures if we are to insure that our knowledge of the patient combined with the correct *Takt* will give us mastery of the patient.⁷⁶

In order to find the correct *Takt*, the physician must adjust the rhythm of his treatments to the rhythmic fluctuations of his patient's mood swings. In Hergt's words:

As much as we have to practice care in presuming the patient to exercise self-control, we must as frequently and carefully appeal to that self-control as a powerful ally of the patient's well-being, of course, this is done on the condition that the correct *tact* is exercised, the strength of the patient taken into consideration, [and all routes explored] whether direct, indirect, or at times involving remote detours.⁷⁷

Hergt's necrolog contains an account of his cure of a female patient illustrating that *Takt* was integral to his therapeutic style. The author reported the case of a patient

⁷³Ackermann, *Memoirs*, p. 47.

⁷⁴Schüle, *Festschrift*, p. 12-15.

⁷⁵Hergt, *Seelenstörung*, p. 815.

⁷⁶"Darum Gewinnen des Kranken durch Vorstellung, Ueberredung, Bitte, ein ernstes Wort, eine seiner Fassungskraft und Gemüthsstimmung ihm angepasste Dialektik, ein Versprechen, Geschenk, oder bei grösserem Widerstand Abwarten eines günstigeren Zeitpunktes...wenn nur durch ihn Erfolg der Kur zu hoffen ist, wenn genaue Kenntniss des Kranken, ein richtiger Taact und durchführen lässt, dass wir den Krenken beherrschen werden." Hergt, *Seelenstörung*, p. 816.

⁷⁷Hergt, *Seelenstörung*, p. 835.

who was suffering from seizures which began every morning upon waking and lasted several hours. Opium shots produced no improvement in her condition. Hergt tried administering shots at different times of day. Eventually he discovered that if she received an opium shot every morning just before waking her seizures did not set in.⁷⁸ So Hergt had himself awakened every morning at 3:30 a.m. in order to await the moment suitable for administering the tranquilliser. After three weeks the patient was completely cured. The narration of this episode fuses the chemical effect of a drug with the timing of its use as determined by the physician's discretion. Whether or not the patient was actually cured in this manner, it is revealing that Hergt's colleagues would have accorded sufficient importance to the role of *Takt* in his therapeutic style for this story to have become associated with him.

Roller and his colleagues believed timing to be at the heart of many psychiatric cures. The right combination of sensations generated at the right time could, they thought, produce a spontaneous recovery. This is why, as discussed in the chapter on asylum space, the arrival of new patients and the processing of their admittance was carefully choreographed. The faith placed by Illenau physicians in the curative potential of well-timed therapy was profoundly different from that found in the earlier psychiatric tradition represented by Reil. The following example is typical of cures cited by Reil: if a patient believes himself to have swallowed a carriage, feed him an emetic and arrange for him to vomit out of the window; and at the critical moment, bid a carriage to drive by so that the patient can be told that the carriage has been expelled.⁷⁹ Reil's notion of timing emphasized the staging of external events which were to be synthesized in the patient's

⁷⁸Anon., "Karl Hergt." In: *Badische Biographien*, edited by von Weech, 176-185, 1891, p.180.

⁷⁹Reil, *Rhapsodien*, p. 217-298.

imagination while Illenau's notion of timing emphasized the ordering of experience itself through rhythmically structured therapeutic intervention. At Illenau temporal order was made aesthetically palpable.

The notion of *Takt* has already received some attention in recent history of science writingk as a key concept for explaining the transmission of scientific expertise through, for example, the manual practice of experimentation.⁸⁰ It has also been used in Foucault-influenced studies to describe the increasing disciplining of the body through the systematization of ballet, military drills and gymnastics in 19th century Europe.⁸¹ In the context of this study, the notion of *Takt* is valuable for its ability to span physical and psychological dimensions of experience as well individual and group behaviour, in that sense it is congruent with the notion of *Gemüth*⁸²

5.3 Cadenced Therapies

The following two sections will examine the ordering of time through the use of rhythmically structured activity. Music and gymnastics, two emphatically rhythmic activities, will serve as examples of the types of activity used to stimulate the patient's *Gemüth* at Illenau. These two activities addressed both manifestations of *Gemüth*; while

⁸⁰See especially the work of Otto Sibum at the Max-Planck Institute Berlin.

⁸¹Rudolf zur Lippe has written a two volume book on this subject.

⁸²*Takt* can be conceived in a variety of different ways. In the asylum literature it is invariably portrayed as a positive force. Its usage in the context of modern psychiatric debates its more critical; as demonstrated by quotation taken from an article in *Spiegel* magazine on the production of art in a contemporary psychiatric hospital: "Wie jeden Tag mittags um halb zwei sitzen die Männer im Speisesaal und warten, das Radio spielt Volksmusik. Mit staksigen Schritten wird Serienmaler Reisenbauer gleich Kaffee servieren, ein halbes Jahr hat er gebraucht, um die Handgriffe zu lernen. Aber was sind schon sechs Monate für einen, der wie er drei Dedaken im Rhythmus der Anstalt verlebt hat, dem immergleichen Takt von Wecken, Medikamentenausgabe und Essenszeiten, der die Zeit stocken läßt wie erstarrenden Gips?" "Bilderflut im Chaos des Wahns." In: *Der Spiegel*, 37 (1997): p.174-179, p. 175.

music was directed primarily at groups of patients in that the concert impressed its temporal order upon the collective *Gemüth* of an audience, gymnastics was directed primarily at individual patients in that exercise impressed its temporal order upon the atomic *Gemüth*. Due to the *Gemüth*'s being an ontological continuum, however, both types of intervention had ramifications at both orders of experience. Although the plethora of activities performed at Illenau cannot be examined here, they can be grouped according to these two models: walking tours and lectures, for example, resemble the use of music, while reading and writing resemble the use of gymnastics. These groupings are determined by the *scope* of an experience, i.e. how many people shared in a given activity, rather than its apparent physicality. Music and gymnastics were not distinguishable in terms of their material impact upon patients since 'to move physically' and 'to be aesthetically moved' were, for the *Gemüth*, equally palpable events.

5.3.1 Musical Punctuation of Asylum Life

In his memoirs Schüle described the pleasure Illenau's musical evenings held for a young assistant doctor in the 1860s. Strikingly, these evenings stood out even though "no other period in German history was so musical into its finger-tips as the *Biedermeier* period."⁸³ Music, its production and appreciation, were arguably the signature activities of mid-19th century German cultural life.⁸⁴ The tone of Schüle's account, with its oscillations

⁸³Pauls, *Der Beginn*, p. 107.

⁸⁴Carl Dahlhaus, "Das Deutsche Bildungsbürgertum und die Musik." In: *Bildungsbürgertum im 19. Jahrhundert*. Edited by Reinhart Koselleck, vol. II. Klett-Cotta, 1990, p. 220-236.

between self-deprecating humour and extreme sentimentality, is vintage *Biedermeier* and will be quoted in full, so as to capture the mood of these melodious gatherings:

The evenings were, for the most part, dedicated to music-making, wherein my friend [Krafft-Ebing], a perfect piano player and student of Frau Feuerbach Anselm's mother, was highly accomplished; he knew his counterpoint so well that he could arrange any composition to suit our needs, a skill which proved especially handy after Döll, our song-happy apothecary, joined the staff with his *basso serio* in 1867. You would be amazed, dear friends, if in addition to the skills you have already so kindly ascribed to your guest of honour, [i.e. Schüle], I were also to want to include his singing accomplishments from those early years, if I were to roll out before you the repertoire he sang with his two partners of Opera favourites and *Lieder* from which not one of the well-known Arias was missing since not one was able to dodge Krafft's transcriptive genius. You would surely be amazed, my honoured friends, to learn of the appearances your honoured guest made as Figaro, Don Juan, Agamemnon and others – whether now, fifty years later, willing ears could still be found? I had best leave undecided. But this much I know, and it still warms my heart, those hours that we were gathered almost every evenings around Krafft's dignified old piano and Harmonium were hours of sheer bliss and, despite the modesty of available resources, furnished at least a small glimpse of the heavenly art. I would not want to have missed what those evening gave me for the world. Without them my youth, and especially my early years in Illenau, would not have been what they were. Mozart, Beethoven, Schubert along side Shakespeare, Dante, Goethe filled the cup of my youth, my heart and soul. Later a trip to Italy placed a canopy of art over the rest. Can a young man be happier?⁸⁵

Roller never speaks of music therapy *per se*, nor do his books feature chapters devoted exclusively to the examination of the medicinal properties of music. The topic of music usually appears under other headings, such as "Illenau's Inner Life"⁸⁶ or "Diversions and Entertainments."⁸⁷ But this allocation should not be interpreted as signifying that music played a peripheral part in Roller's psychiatric practice or that it served *merely* for purposes of entertainment. In fact, to draw too rigid a distinction between therapy and entertainment in the context of psychiatric practice at Illenau is misleading. Both therapy and entertainment served a common underlying purpose, namely the ordering of time. In this respect, entertainment was intrinsically therapeutic. It

⁸⁵Das goldene Jubelfest, p. 26.

⁸⁶Roller, *Beziehungen*, 1831, p. xxi.

⁸⁷Roller, *Illenau*, 1865, p. 46.

is no coincidence that an Illenau patient described the music instructor as “the foremost assistant soul doctor at the asylum” who excelled at providing “diversion and entertainment.”⁸⁸ This conflation of *being a soul-doctor* and *providing diversion* lies at the heart of the Illenau School.

Music therapy had entered German psychiatry long before Illenau. Reil had proposed a rudimentary theory of music therapy. He identified the rhythmic and tonal qualities of sounds, rather than the complex harmonies of a delicate composition, as being the dimension of music which exercised the strongest curative influence. The sound of gun shots and canon balls, brass instruments, the resonating drone of a three-valve organ pipe, the slow chiming of a bell and the beat of a Turkish drum were, according to Reil, powerfully restorative sounds. The effect of a sound produced on these instruments would be heightened if it echoed in a large, vaulted, empty space. Reil concluded that truly therapeutic music would have to consist of “specially-composed pieces of music...played on specially-designed instruments.” One proposal for such a psychiatric instrument was the infamous cat piano, an instrument whose strings were replaced by live cats so that the striking of a note would drive a nail into the tail of its respective cat which would produce a corresponding squeal. According to Reil:

A fugue played upon this instrument would even cure Lot's wife of her paralysis [especially if the patient were placed in such a position that he or she] could observe the physiognomy and grimaces of the cats during the performance.⁸⁹

Reil's cat piano is a graphic, albeit fanciful, illustration of the tonal specificity sought in the music therapy of early German psychiatry.⁹⁰

⁸⁸Hansjakob, *Krankentagen*, p. 252.

⁸⁹Reil, *Rhapsodien*, p. 205. See also: Robert Richards, “Rhapsodien on a Cat-Piano, or Johan Christian Reil and the Foundations of Romantic Psychiatry.” In *Critical Inquiry*, 1998, forthcoming.

Illenau's physicians had a very different conception of the therapeutic value of music. For them, the coercive qualities of musical stimulation resided not solely in the rhythmic and tonal qualities of individual sounds but in the aesthetic effect of an entire composition with its balance of tone, harmony, rhythm and cadence. There is no theoretical discussion in the medical literature of Illenau regarding the mechanisms by which music in general, and musical rhythm in particular, were thought to stimulate the *Gemüth* either at the atomic or aggregate level. Presumably, this is due, at least in part, to the complexity of the musical experience, the effects of which could not be charted without recourse to a musicological framework whose fine-meshing would have far surpassed the medical purview of psychiatric practitioners. Although music was one of Illenau's key therapeutic instruments, asylum physicians did not practice anything resembling modern music therapy.⁹¹ Remedial doses of sound were administered to groups rather than individuals. Music was rarely used for direct intervention in the psychic states of individual patients, rather it formed part of the overall strategy of immersing the entire patient population in an aesthetically structured environment that accentuated the heterogeneity of aural sounds while simultaneously unifying them in a melodious, harmonic and rhythmic whole.

Illenau's conception of music therapy had two prominent forbears in German medicine. In 1807 Peter Lichtenthal published a popular book, entitled, *Der musikalische Arzt*, advocating a musical therapeutics that attributed to each note of the scale a distinct

⁹⁰Recently, Hankins has argued that the cat piano was actually built adducing a few late 19th century etchings as evidence of his claim. Thomas L. Hankins, "The Ocular Harpsichorde of Louis Bertrand; or, the Instrument that Wasn't." In: *Osiris* 9(1994): 141-156.

⁹¹Contemporary music therapy traces its origins to the last forty years and is currently one of the growth industries in mental health care delivery. See: Gardy Ansdell, "Music Therapy in the 20th Century: Praxis, Discourse & Discipline." Paper presented at International Music Congress Session *Music, Healing and Culture*, London 1997.

psychological effect (his classification is borrowed from Schubart's *Ästhetik der Tonkunst*).⁹² Lichtenthal also admonished his readers to consider not only the musical offerings themselves but the conditions under which music is performed. Listening, he maintained, is an event which requires careful preparation:

When listening to fine music we should not be distracted by any foreign interferences; rather, we must listen attentively with our general perception, with clear awareness, in order to pick up all that is in our power to pick up. For example: what is the theme? what is the tempo? what is the key, what harmonic relations have been used, what embellishments, transitions, phrases? How has the composer planned the piece: that is, how does the theme unfold, how much does it resemble the object it is supposed to reflect? and, most importantly, what is the instrumentation? the answers to all of these [questions] will enable us to see whether the composer has created a meaningful achievement or not. Once we have inspected this What and How, we will have heard the music.⁹³

As to be shown in the sections below, this advice was certainly not wasted on Illenau officials.

The work which arguably exercised the greatest influence over the medical perceptions of music in 19th century Germany was Peter Joseph Schneider's 3-volume compendium, *System einer medizinischen Musik* published in 1835.⁹⁴ Schneider and Lichtenthal agreed that the mechanics of the soul could be controlled by music and they both attributed this fact to the receptivity of *Gemüth*. But they had very different conceptions of music therapy as evidenced by the titles of their respective books. Lichtenthal's title echoed Weikard's *Der Philosophische Arzt* suggesting that music therapy should be treated as a skill belonging to the medical arts, while Schneider's title echoed Joseph Peter Frank's, *System einer Medicinischen Polizey* suggesting that music

⁹²Simin Baraddasran-Chasseimi, *Der Musikalische Arzt*. M.D. thesis, University of Düsseldorf, 1965, p. 17.

⁹³Ibid., p. 42.

⁹⁴Erhard Völkel, *Die spekulative Musiktherapie zur Zeit der Romantik. Ihre Traditionen und ihr Fortwirken*. Tritsch Verlag Düsseldorf, 1979, p. 77.

therapy could form part of a state sponsored program of mental hygiene. Schneider propagated a vision of music therapy as an accredited medical speciality with its own disciplinary identity and called on universities to build music schools for the training of doctors:

Every insane asylum should, along side its collection of surgical instruments, also keep a collection of musical instruments for the treatment of mental illness; these musical instruments should, however, be employed by specially trained physicians for the sake of patients.⁹⁵

Schneider's proposals constituted a direct attack on psychiatry as an emergent medical speciality. He perceived music therapy and psychiatry to be alternative means of achieving the same ends arguing that resources currently being directed towards developing psychological medicine would produce better results if directed towards musical medicine. Psychiatry, he said, is based on an unsound medical taxonomy; psychiatrists administer music to their patients without ever having received a proper musical education. He argued that music therapy should replace psychiatry in the medical curriculum of universities.

⁹⁵Völkel, *Musiktherapie*, p. 103.

Figure 36: Illenau Choir

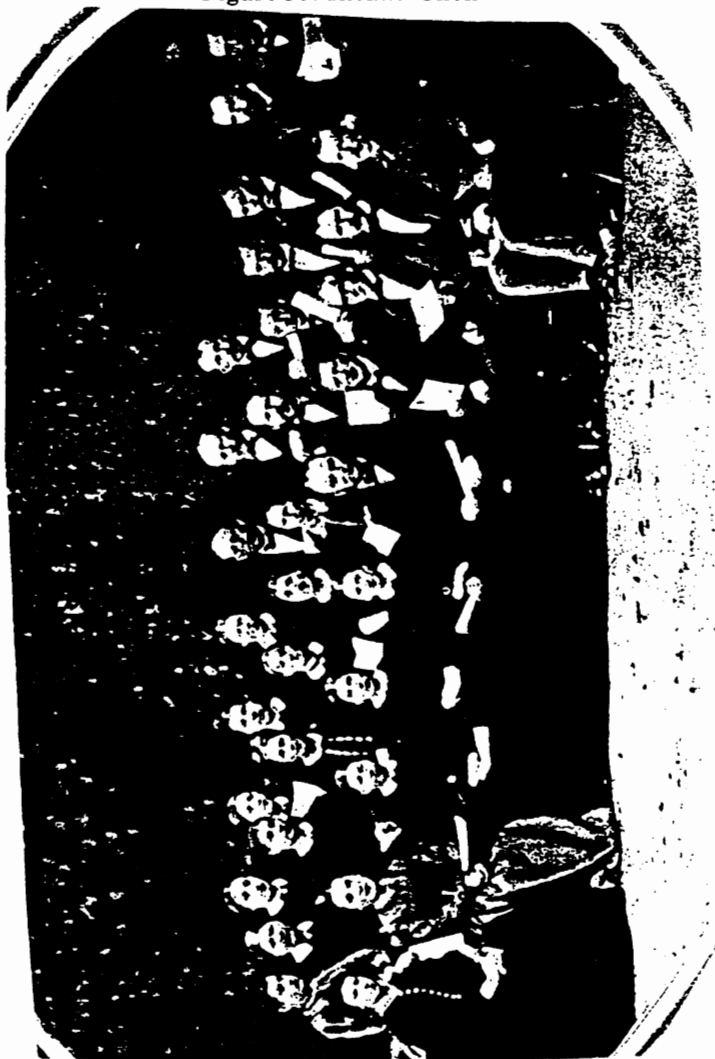
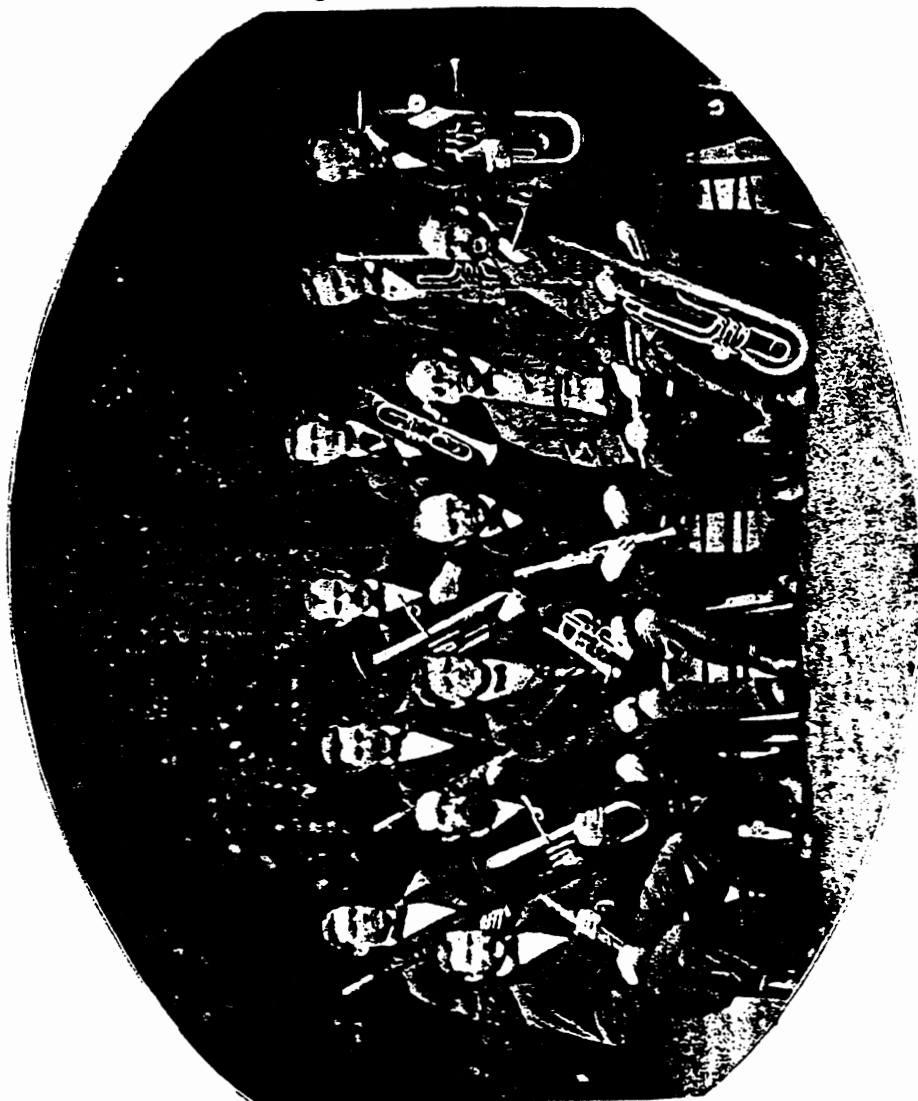


Figure 37: Illenau Brass Band



5.3.1.1 The Asylum Concert

An article in the *Weekly* boasted that music was the area in which “Illenau excels beyond all other asylums.”⁹⁶ The asylum maintained an asylum choir, brass orchestra and several small music groups (see picture of brass band and choir below). A brochure published by the asylum advertised the possibility of patient’s renting private pianos and, indeed, the reports of a visitor confirmed that “several patients had pianos in their rooms.”⁹⁷ At the end of every year, Illenau officials published in the *Weekly* a list of the concerts held at the asylum in the course of the previous year. Although these lists testify to the sheer abundance and variety of musical concerts held at the asylum,⁹⁸ they are somewhat abridged and leave unmentioned the religious music performed at funerals and church services as well as the informal music performed at ward gatherings and work.⁹⁹ A more accurate picture of the music heard at Illenau can be found in the employee records of Illenau’s first music instructor, Fidel Ehinger (1819-1886). In 1879, for example, he organized 140 separate musical events.¹⁰⁰ The schedule of lessons he gave every week was as follows:

General rehearsal for chamber music 4x
Practice for solo instruments 1-x as required
Choral rehearsals several times a week
Rehearsals several times a week for the church choirs of each confession
Friday night singing of folk songs in the assembly hall of E3

⁹⁶IW, Nr. 19, 1886.

⁹⁷Erhardt, *Illenau*, p. 627-628.

⁹⁸IW, 1880, Nr. 2, p. 10-11.

⁹⁹Hansjakob mentions groups of women singing while weaving. These sound like they were staged performances, the women apparently wore traditional, local costumes. These performances nonetheless illustrate that the idea of being able to sing while working held sufficient appeal to warrant being staged. Hansjakob, *Kranken Tagen*, p. 82.

¹⁰⁰Petition dated June 5, 1880. In: SA: ER, Fidel Ehinger, B 821/1 Nr. 514.

Private lessons for assorted patients.¹⁰¹

According to an open letter published by a female patient on ward F1, Illenau's summer calendar compared favourably with that of a big city because there is no vacation period and performances never stop:

Our summer months in Illenau are distinguished from those in cities by virtue of the fact that here there is no lack of resources available for providing of edifying diversions, whereas there concerts stop, public presentation end and restless souls are driven to seek stimulation by travelling.¹⁰²

Hansjakob attributed Illenau's use of music therapy to the innate superiority of German music.¹⁰³ Ackermann, the asylum accountant, marvelled at the high quality and frequency of Illenau concerts which he attributed to the fact that their costs were frequently carried by outside patrons.¹⁰⁴

Illenau had its own music instructor, a fact which seemed remarkable to both the American psychiatrist Earle¹⁰⁵ and the French psychiatrist Falret.¹⁰⁶ The existence of this post alone reveals the prominence of music in Illenau's psychic cure regimen. Although Roller wrote a special *Job Description for the Music Instructor*, he did not include it amongst the other Job Descriptions for asylum employees which he published in 1867, perhaps presuming that too few asylums could boast their own music instructor to warrant its inclusion. Yet at Illenau music was a therapeutic instrument to be wielded with care, not a pastime for amateurs, and, so, it required the attention of a specialist

¹⁰¹IW, Nr. 49, 1871.

¹⁰²IW, Nr. 32, 1868.

¹⁰³Hansjakob, *Krankentage*, p. 253.

¹⁰⁴Ackermann, *Lebenserinnungen*, p. 51.

¹⁰⁵Earle, *Institutions*, p. 183.

¹⁰⁶Falret, *Visite*, p. 27.

which was not the same thing as a musical virtuoso. “We do not need the services of a virtuoso,” Roller stated during the first hiring search for a suitable candidate, but a music instructor who is able to assist the physicians,¹⁰⁷ “interact with mental patients”¹⁰⁸ and “stimulate the musical forces of the asylum.”¹⁰⁹ His allusion to “musical forces” was a reference to the musical talents of individual asylum inhabitants as well as the latent musicality of the asylum population as a whole. The instructor was responsible for providing private lessons, maintaining the instrument collection and training the asylum’s various musical ensembles.¹¹⁰ According to Roller, the music instructor “imposes an order on asylum life” (*bringt eine Ordnung in die Geschehnisse der Anstalt*);¹¹¹ he was, so to speak, responsible for shaping and maintaining the temporal dimension of Illenau’s therapeutic environment or, in other words, the *Takt* of asylum life.

¹⁰⁷*Job Description for the Music Instructor*, §7. In: Employee Records, Fidel Ehinger.

¹⁰⁸Letter Roller to governmental department of Rastatt, October 24, 1842. In: Employee Records, Fidel Ehinger.

¹⁰⁹Roller, *Illenau*, 1865, p. 48.

¹¹⁰*Job Description for the Music Instructor*. §6.

¹¹¹Letter Roller to Ministry of Internal affairs, June 20, 1842. In: Employee Records, Fidel Ehinger.

Figure 38: Ehinger Composition

Melodie *) zum Festgesange.

Gemischter Chor.

Mäßig

*) Von unserm Musiklehrer. — Den Festgesang siehe in der vorigen Nummer.

Festgesang. *)

Gesegnet ist der Mann,
 Der auf den Herrn vertraut,
 Desß Glaube unverzagt
 Auf seine Hülfe baut,
 Desß Herz von ihm nicht weicht,
 Wenn's ihm auch noch so schwer,
 Desß Lieb auch da noch heßt,
 Wo nichts zu hoffen mehr.

Er gleicht am Quell dem Baum,
 Der tiefe Wurzeln schlägt
 Und stolz auf hohem Stamm
 Die mächt'ge Krone trägt.
 Ob auch die Stürme droh'n,
 Der Sonne Strahlen glüh'n,
 Die Wurzeln halten fest,
 Die Blätter bleiben grün.

Heil Dir, Du Segensmann,
 Du Baum von solchem Schlag!
 Heil Dir und Deinem Werk
 An Deinem Ehrentag!
 Und dreimal Lob und Dank
 Für diese fünfzig Jahr
 Dem treuen Herrn und Gott,
 Der Dir ein Helfer war!

The instructor could not, however, be given sole authority over this crucial domain of psychiatric practice. He was, not surprisingly, directly accountable to the physicians. The musical selections he picked for the ensembles had “in every instance to be approved by the medical director” and not, Roller specified, “the house administrator or organist.”¹¹² If the director deemed a composition to be too challenging or difficult for the patients, the instructor was required to rewrite the piece for one or two voices or make an alternative selection. Ehinger compiled a special song book for mental patients with 163 select and musically adjusted psalms.¹¹³ The *Illenauer Liederbuch*, as it was called, was purchased by twelve German asylums: Bremen, Braunschweig, Klingenmünster, Hofheim, Frankfurt, Sonnenstein, Eichberg, Thonberg, Schweizerhof, Lindenburg, Colditz und Erlangen.¹¹⁴ Furthermore, the musical productions of patients themselves were treated as part of their pathological profile. So, for example, the patient file of Anna Lassere contains several musical compositions which she composed during her stay at Illenau (see illustration below). An article in the *Illenau Weekly* identified music as a key feature of the Illenau “way of life:”

Music and singing have become indispensable components of the Illenau way of life. These arts are perceived as restorative therapeutic instruments; and former members of our asylum cannot look back upon their Illenau years without remembering the musical performances that took place in the large central court or assembly hall, in the day rooms of the wards or in the region around the asylum.¹¹⁵

A patient’s responsiveness to music was a characteristic often noted in the medical case histories and some patients even measured their own psychological states in

¹¹²Roller, *Beziehungen*, p. 202.

¹¹³Roller, *Illenau*, 1865, p. 48.

¹¹⁴Roller, *Zeitfragen*, p. 104.

¹¹⁵IW, Nr. 19, 1886.

musical terms. In a letter to the asylum, one patient associated her newly regained mental health with the music she had heard at Illenau. She was writing to request copies of her favourite Illenau songs so that she could sing them at home. The songs in question were:

“Müde bin ich, geh zur Ruh;” “Wie könnt’ ich ruhig schlafen in dunkler Nacht;” and, “Wenn ich, o Gott und Vater! nicht dein gedacht!” By way of explanation she wrote:

I liked these songs very much, but I would never have thought that I could feel so good again that I would feel all singing-like (*singerig*) otherwise I would have copied them myself. I can still sing the melodies.¹¹⁶

“Singerig” is a made up word meaning roughly ‘having a desire to sing,’ a neologism that associated her mental health with the treatment she had received at Illenau.

Musical ability was, not surprisingly, a relevant consideration in the employment of members of staff at Illenau. The records of Eduard Keller, one of the attendants of the male wing, reveal that he was hired for “his musical aptitude” amongst other things.¹¹⁷ Although Keller eventually celebrated his twenty-fifth anniversary at Illenau, his career nearly came to an abrupt end when, a few years after entering employment, it was discovered that he had formed a secret liaison with one of the female attendants. She became pregnant and the couple eloped without requesting formal permission to marry from Roller, who would surely have refused his consent to a union formed under such circumstances. Keller’s misdemeanour would normally have resulted in immediate expulsion. But in this case an exception was granted because “the male patients remained unaware of the unfortunate incident” and Keller himself was a highly valued employee. In pleading his case with the ministry, Keller’s nursing skills are featured together with his musical abilities:

¹¹⁶IW, Nr. 4, 1867.

¹¹⁷Letter from Roller to ministry, October 12, 1839. In: ER, Fidel Ehinger, B 821/1 1233.

He has been trained to carry out a variety of menial surgical operations such as shaving, scrubbing, applying bandages, and in providing assistance in calming patients; furthermore, he has been receiving musical training at the expense of the asylum for four and a half years and is one of the best players in our house brass band.¹¹⁸

This passage also reveals that musical tuition formed part of the professional training some employees received.

Some physicians, like Richard von Krafft-Ebing, possessed sufficient musical talent to enchant patients with pieces of their own composition (see Krafft-Ebing's name on concert program below.)¹¹⁹ Those lacking musical ability found alternative ways of encouraging the cultivation of music amongst members of the asylum population. Hergt, for example, arranged for the acquisition of a ward piano for female patients¹²⁰ and, in addition, distributed copies of his favourite picture, Raphael's "*Heilige Cäcilie*," as a means of rewarding patients and employees.¹²¹ Cecilia is the patron saint of music and often serves as the motif for amateur music societies. Although Hergt's fascination with this image may have been primarily due to its visual quality, he is said to have displayed a copy of it in every room of his apartment, the symbolism of the image cannot have been unwelcome.¹²²

Moreover, in his capacity as editor of the *Weekly*, Hergt served as honorary *impresario* of Illenau by insuring that the asylum's concerts were regularly and extensively reviewed. His thoroughness even caused offence amongst some readers who

¹¹⁸Petition Roller to ministry regarding Keller case. April (no date), 1841. In: ER, Eduard Keller.

¹¹⁹He published a composition based on a poem by Rückert which received some acclaim in its day. Fischer, "Krafft-Ebing", p. 319.

¹²⁰IW, Nr. 48, 1877.

¹²¹IW, 1867-1878.

¹²²"Hergt", *Badische Biographien*, p. 179.

complained that “the *Weekly* chronicle section reports too many festivities.”¹²³ He published a formal apology but continued to publish the reviews with the same frequency as before. Their purpose in documenting and reinforcing, through memory and description, the propagation of *Takt* in asylum life evidently took priority over the mere whims of a few *Weekly* readers. These reviews made the experience furnished by a concert palpable for those unable to attend; they identified performers by name, if they were members of staff, or epithets such as “*kurhessische Nachtigal*,” “*die Kinderstimme aus der Familie*” and “*litländische Sopran*,” if they were patients, and provided a detailed account of the aesthetic calibre of each performance. For the sake of descriptive realism, Hergt would even report if singers had “missed the high C in the third aria” or that “we could hear the high G and the low E in equal effortless purity and resonance!”¹²⁴ He was especially delighted to be able to report that an impromptu concert had erupted one day in the assembly hall of F1.¹²⁵

¹²³IW, Nr. 43, 1871.

¹²⁴IW, 1870-1878;

¹²⁵IW, Nr. 51, 1876.

[illegible]

Figure 40: Concert Program

Mienau
3. Juni 1903.

Fest-Concert

zur Feier des 40jähr. Dienstjubiläums
des
Herrn Geh. Rat Dr. H. Schüle.

Mitwirkende: die Herren Concertsänger Diezel-Gil-
wangen (Tenor), Dieker (Violine) und Schmücker
(Cello) aus Baden-Baden, sowie eine Anzahl Mitglieder
des Männergesangsvereins „Liederkränze“-Adern.

Programm.

1. Jauchzet dem Herrn, alle Welt! (Psalm 100)
für gemischten Chor mit Klavierbegleitung komponiert
und Herrn Geh. Rat Dr. Schüle in Verehrung gewidmet J. Klump
2. Lieder für Tenor:
a) Aus alten Mänschen Schumann
b) Schöne Fremde "
3. I. und II. Satz aus dem Septett op. 20 (Trio
für Klavier, Violine und Cello Beethoven
4. Ständchen (für Männerchor bearbeitet von
J. Klump) Frhr. v.
Krafft-Ebing
5. Lieder:
a) Das Veilchen Mozart
b) Volkslied a. d. Oberrhein E. Kaufmann
c) Der Maifensohn Schubert
6. Ungarische Tänze (für Klavier zu 4 Händ.) Brahms
7. Zigeunerleben, gem. Chor mit Klavierbegl. Schumann
8. Largohetto aus der II. Sinfonie für Trio Beethoven
9. Lieder:
a) Du meines Herzens Kosmlein R. Strauß
b) Alt Heidelberg, du seinst! R. Strauß

Anfang 1/8 Uhr.

Illenau administered music to patients in the form of staged, public events. Patients gathered together, either in the large assembly hall or in smaller groups, to hear and participate in music-making. The structure of the Illenau concert reflected standard concert practices of the period. Selected miniatures were assembled by nine or twelve composers and rarely included more than one small movement from a larger piece of music. A typical concert program was, for example, the following presented in

1883:

Overture to "Iphigenie in Aulis" by Gluck for piano;
 "Pilgerspruch," choral piece by Mendelsohn-Bartholdy;
 "Vespergesang," choral piece by Bortniansky;
 "Die drei Liebchen," solo for Bariton by Speyer;
 "An das Vaterland" choral piece for male choir by Kreutzer
 "Waldlied" choral piece for male choir by Mangold;
 "Ave Maria" by Stradella for piano, harmonium and violin;
 "Der Spielmann und sein Kind," duet by Weidt;
 "Seliger Tod" choral piece for male choir Isenmann
 "Silbernes Bächlein" choral piece for male choir by Isenmann;
 Allegro movement from the "C Major Sonata for Piano and Violin" by Moozart;
 Cantata for mixed choir by Palmer.

As evidenced by this program, contrasting pieces were combined to span a wide field of aural sensations: sacred and popular, major and minor, fast and slow, lyrical and marching, instrumental and vocal, solo and choral. The concert programs featured many children's pieces, rarely touched upon romantic themes and avoided compositions involving either highly chromatic sequences of pitch or complicated harmonies. One piece frequently played was the "*Kindersymphonie*" (Toy-symphony). Mendelssohn's music was also popular with the Illenau population, he was Roller's favourite composer and arguably the foremost composer of his day (see marching band and Mendelsohn poem below). Mendelssohn's perceived suitability for the asylum was deeply rooted in his musical style as characterized by Charles Rosen, the concert pianist and music historian, in *The Romantic Generation*:

Mendelsohn's opening, however, displays an essential weakness in his style which remained a liability throughout his life, although he managed often enough to exploit it and make it appear a virtue. Mendelssohn rounds off his phrases, his paragraphs, and eventually his sections with a certain comfortable sweetness...The Songs Without Words have a Mozartean grace without Mozart's dramatic power, a Schubertean lyricism without Schubert's intensity. If we could be satisfied today with a simple beauty that raises no questions and does not attempt to puzzle us, the short pieces would resume their old place. In the concert repertoire. They charm, but they neither provoke nor astonish. It is not true that they are insipid, but they might as well be.¹²⁶

Mendelssohn's style privileged charming and sweet musical passages over romantically charged and challenging ones; the experience he strove to create through music mapped perfectly onto the experience coded into the overall arrangement of asylum life.¹²⁷

The music instructor configured the asylum concert around modulations of sound which, like the Illenau landscape, combined a heterogeneity of sensations into a single balanced concert. Rosen has demonstrated that the creation of musical landscapes within a single composition was central to the Romantic movement:

It is above all through landscape that music joins Romantic art and literature...The creation of the song cycle is a parallel to the replacement of epic poetry by landscape poetry and the elevation of landscape painting to the commanding position previously held by historical and religious painting—more than a parallel, indeed, as these achievements supported each other, and were all part of one cohesive development.¹²⁸

At Illenau, by contrast, the practice of composing musical landscapes resided in the art of assembling a whole concert program according to psychiatric considerations. Illenau's

¹²⁶Rosen, *Generation*, p. 571, 589.

¹²⁷The musical experience Rosen has documented maps perfectly onto the *Gemüth*. A striking omission from Rosen's book is that the quotations he has selected from Schiller to document contemporary reactions to German Romantic music are almost exclusively formulated in terms of the effect of the music on the "*Gemüth*," not "*Seele*" (see quotations on p. 1256-131). Yet, Rosen translates these passages as "soul." Although he never discusses the *Gemüth* or its relationship to musical experience, the musical experience he has described occurred within a specific psychological framework.

¹²⁸Pauls, *Der Beginn*, p. 137.

Figure 41: Illenau Marching Band



musical landscapes were, like its physical landscape, formed to combine heterogeneous sensations in a unified whole of balanced experience.¹²⁹

Falret depicted the Illenau concert as a form of musical group therapy which, he reported, was effective whether or not the patients were the conscious authors of the music. Participation in a musical event, even as spectator, had its own therapeutic merit.

Although they are achieving considerable success the number of patients who receive musical tuition is bound to be, as elsewhere, fairly small in comparison with the asylum population: we applaud the principle practiced at Illenau which encourages all patients to receive the benefits of music through the frequent attendance of concerts, which are treated as accordingly solemn occasions, and in accordance with their inclinations. The resonant concerts in the large and beautiful assembly hall located below the church mark important events, festive days, the arrival of eminent visitors, and no doubt exercise a great influence on the *esprit* of the patients owing to the preparations they require, the satisfaction procured by the presence of honourable guests in general, and the power of memories.¹³⁰

¹²⁹In the quotations cited earlier in the section on Illenau's 'curative land' the Rhine featured prominently; it imparted history, lusciousness, and magic to the landscape. The Rhine was also a popular theme in romantic music. See: Celia Hopkins Porter, *The Rhine as Musical Metaphor*. North-Eastern University Press, 1997.

¹³⁰Falret, *Visite*, p. 27-28.

According to Illenau officials, the medical effects of music were not diminished by being administered to groups of patients rather than individual ones. Quite the contrary, assembling patients in groups could augment the therapeutic effects of a musical experience because the concentrated attention of a concert audience heightened the susceptibility of individual patients to the influence of music. Roller construed music, especially concert music, as a psychological catalyst increasing the soul's receptivity to other forms of therapeutic intervention. In his words, music served as a means of augmenting the arsenal of psychic cure methods and had to be dispensed with the same care as any other form of medication:

It is surely rare that a direct curative influence is exercised by the sound of music in the way that Saul's despondency was lifted by David's lyre. But it definitely contributes to convalescence. Sometimes, perhaps even more often than we are aware, a melody gains entry to the frightened *Gemüth* and renders the same more susceptible to other forms of treatment. Given the high expectations we have regarding the effects of all manner of friendly impressions: why should we neglect those that are produced by music? It augments the treasure trove of psychic cure methods, but should no more be dispensed without a designated music instructor than medication without an apothecary.¹³¹

The musical concert, he maintained, unifies the Illenau community by imparting a cohesiveness of perception to disparate, even sad, events:

The range of what music achieves in this respect can only be mentioned in passing. Its harmony bestows upon all procedures a friendly solemnity. In the church we hear the ceremonial tones of the organ. When planting cherished seed into the bosom of the earth, we hear grief-relieving funeral songs.¹³²

Rosen described Mendelssohn as "the inventor of religious kitsch in music" saying that he created an experience in the concert hall that was akin to a sermon in church.¹³³ So

¹³¹Roller, *Zeitfragen*, p. 103.

¹³²Ibid., p. 103.

¹³³Rosen, *Generation*, p. 590.

Illenau physicians could literally use his music to bind the asylum population in a feeling of shared faith.

Roller and his colleagues conceived of the asylum as an organic entity and, accordingly, the notion of a communal pulse permeated their discussion of musical influence. An article in the *Weekly* spoke of music exerting a “favourable, pleasurable, animating and uplifting” influence on “Illenau’s collective being,”¹³⁴ language which associated the hearing of music with the organic vitality of a communal pulse. Music, especially musical rhythm, served to regulate the pace and strength of that pulse. The strength of a pulse is directly proportional to the size of the organism animated by that pulse. Likewise, the size of an audience assembled for a concert was directly proportional to the strength of the collective pulse aroused by the concert and, in turn, the sway of that pulse over individual members of the audience. Since musical influence was interpreted in organic terms, Illenau physicians chose to disseminate musical experience to groups of patients rather than individual ones.

A drawing by an Illenau patient alludes, by way of visual suggestion, to the ubiquity of this communal pulse and its association with musical performances. The picture shows a patient handing her attendant a sheet of music, perhaps a sheet of the patient’s own composition, thereby suggesting that music could serve as an alternative means of communication when the use of language was impaired by mental illness. But, on closer inspection, the picture also suggests that music is a metaphor for the relationship between the individual and the community at Illenau with the individual likened to a single note and the community to an entire composition. The background of

¹³⁴“Noch darf ich hinzufügen, welch günstigen, wohlthätigen, belebenden und erhebenden Einfluß die Pflege der Musik und des Gesanges überhaupt auf unser Illenauer Gesamtleben übt.” IW, Nr. 19, 1886, p. 76.

the asylum is indicted through the drawing of five lines resembling a musical score. The patient and employee are placed within this asylum score as two individual notes: one dressed in white, like a half note, and the other in black, like a quarter note. This image capturing the mental universe of a patient implies that music constituted the very fabric of asylum life; individual members of the Illenau population contributed their personal pulse, or *Takt*, to the rhythmic fabric of the asylum community and were simultaneously constrained by the pulsating beat of that community.

Figure 42: Patient Drawing



5.3.1.2 Music as the Language of *Gemüth*

A recurring phrase in the Illenau literature is “the power of notes,” a power which, according to Roller, “had a deep impact upon the affects and *Gemüth*” (*ein tief auf Gefühl*

Figure 43: Mendelsohn Tribute

Illenauer Wochenblatt.

N^o. 27.

Samstag den 6. Juli

1872.

Mendelssohn's „Lieder ohne Worte“. *)

Ich fühl's, ich fühl's im Herzen beben,
Wie heimlich zauberisches Walten,
Es will zu Worten sich gestalten,
Die Töne athmen Geist und Leben.

Was sprechen diese Melodien?
Woher das wunderbare Klingen?
Sind's Engel, die auf lichten Schwingen
Das arme Erdenland durchziehen?

Ist's eine Kunde reiner Herzen
Von ihrem frommen Thun und Lieben?
Ist es die Sprache tiefer Schmerzen
In weiche Töne umgeschrieben?

Ist's an der Kindheit Glück und Frieden
Ein leises, wehmuthvolles Mahnen?
Ist es ein unaussprechlich Ahnen
Von dem, was jenseits uns beschieden?

Ist's eine Hymne, eine Klage?
Ein unbestimmtes sel'ges Träumen?
Ist's ein Erinnern schöner Tage?
Ist's Sehnsucht nach des Himmels Räumen?

Ist's Glück, ist's Leid, ist's Wonne, Liebe?
Ist's Freundesgruß, sind's Heimathklänge?
Ein Bruchstück himmlischer Gesänge
Ist's wohl — verklärend ird'sche Triebe.

und Gemüth einwirkendes Mittel).¹³⁵ One patient, for example, reported that his *Gemüth* had been “rapturously moved” by an Illenau concert¹³⁶ while another patient examined this power from a more theoretical perspective. He published his reflections in the *Weekly* in a piece entitled “Some Quiet Thoughts on Music from the Standpoint of Aesthetics.” The patient, whose frequent contributions to the *Weekly* had earned him the epithet of “*der Literat in El*,”¹³⁷ first posited a distinction between “natural feeling” and “cultivated understanding” and then proceeded to associate the former with musical practice and the latter with musical theory. Practice is to theory as the soul is to the body, he argued, associating the entire musical experience, i.e. practice and theory, with the unity of body and soul, or in other words *Gemüth*. The author then drew an analogy between the soul and the aesthetic content of music:

Just as the studies of a dissecting anatomist will never lay open the soul-life of human beings if he is not also a psychologist, so likewise the pure music theoretician will not be able to grasp the aesthetic content of music if he lacks congenital and instinctive musical aptitude.¹³⁸

In the popular understanding of the period, music was called “the language of the *Gemüth*.”¹³⁹ Unlike the language of words, which was able to communicate thoughts, abstractions and states of *affairs*, this was a language of feelings, affects and states of *being*.¹⁴⁰ Since music was the language of the *Gemüth*, it provided a way of mediating

¹³⁵Erhardt, *Illenau*, p. 627-628.

¹³⁶IW, Nr. 34, 1879.

¹³⁷IW, Nr. 51, 1871.

¹³⁸IW, Nr. 52, 1871.

¹³⁹IW, 1867-1889.

¹⁴⁰Helmholtz's famous study of the physiology of hearing, which describes the physical acoustics of sounds in terms of wave functions, concludes on a homily to *Gemüth* where, he says, “the beauty of music” is forged. He proceeds to describe the emotional acoustics of sound as reflected in the movements of *Gemüth* as the listener's “original vitality is stimulated” and, thus, “lifted into the peace of eternal beauty, which God has elected only a few favoured people to proclaim. Here the limits of natural science (*Naturforschung*) force me stop.” Hermann von

between the various registers of *Gemüth*. Music forged a point of contact between individuals, the asylum community and the German nation as a whole. An article entitled “*Die Musik im Illenauer Leben*,”¹⁴¹ for example, dramatically associated asylum music with the political situation of Germany. The description of a concert held at Illenau on March 22, 1871, in honour of the birthday of the newly elected emperor, reveals that the unifying power of music was perceived to transcend the confines of asylum life:

The high point of patriotic fervour was reached on March 22, when combined victories of the unforgettable war – the reclaimed glorious peace, the birthday of the emperor, our emperor, the head of long sought unification – when all of this, almost too much for one day, was celebrated in distilled and concentrated form. On that day the choral singing also rang out of our church in the early morning; it then lead a peace progression to the peace elm and music and song accompanied the celebrations until deep into the night.¹⁴²

The event described in the above passage cannot be dismissed as a purely formal tribute to the political situation of the day. Brandt, an asylum preacher, recounted this same episode with the sobriety of historical hindsight and placed even greater emphasis on its curative power observing that many patients were “visibly improved” by the pathos and musicality of the event. His account depicted the patients as momentarily released from the constraints of illness through being assimilated in the collective harmony forged by the swell of choral voices singing hymns of national unity:

At 9 o'clock the musicians assembled in the large central court in front of the church and patients from all of the wards gathered around them. It was a thrilling moment when all of the voice, male and female, exclaimed as one ejaculatory chorus psalms of gratitude accompanied by music. ‘How truly great moments do dignify and uplift the individual! There stood several patients who otherwise spend days and weeks sighing in the spiritual thralldom of affliction now acting in

Helmholtz, *Über die physiologischen Ursachen der musikalischen Harmonien*. Edited by Fritz Krafft. Munich: Kindler, 1971, p. 54-55.

¹⁴¹IW, Nr. 6 & Nr. 9 & Nr. 11, 1872.

¹⁴²IW, NR. 6, 1872.

concert fresh and free amongst the frolicking as they mixed their voices in jubilation with others released by the towering moment.¹⁴³

Balance in the state of an individual's soul-life is here directly associated with a state of political balance. In Brandt's narrative psychological recovery and immersion of the individual in an aesthetic experience flowed seamlessly into a picture of communal and political unification. Although the passage does not explicitly mention '*Gemüth*' there can be no doubt that what Brandt has chronicled is, for him and his readers, an experience of *Gemüth*. He says, for instance, that patients were rendered "fresh and free amongst the frolicking" by the music. This is variation on the slogan 'fresh, faithful, frolicking and free' (*frisch, fromm, fröhlich, frei*) which grew out of the gymnastics movement and was widely used to designate a blooming, thriving and hale *Gemüth*, however it be instantiated (see discussion in next section).

Music conceived as a "language of *Gemüth*" was quite distinct from music conceived as a universal language.¹⁴⁴ Although many people could listen to music and appreciate it in their own peculiar ways, they could not always appreciate it in the fullest and most meaningful way, nor could a random collection of people necessarily achieve that consensus of appreciation believed to be restorative for the *Gemüth*. A musical performance represented a local actualization of *Gemüth* and its appreciation depended upon achieving the right balance between the musical selections, the quality of the performance, the assembled audience and the mood of the occasion. The music performed at Illenau, for example, was not only peculiarly German, it was a Baden dialect with an Illenau accent: house-trained musicians gathered to interpret well-known

¹⁴³Brandt, *Illenau*, p. 40.

¹⁴⁴IW, Nr. 34, 1874.

pieces transcribed for the musical instruments that asylum employees happened to have mastered. Ehinger frequently took the lead on the *harmonium* accompanied by a pianist and violin player; the psychological impact of a concert such as the Toy Symphony intoned in Illenau's large assembly hall was inexorably bound up with the local inflections of its performance.

The cultural specificity of music appreciation was, for example, elaborated in a review article of the *Illenau Weekly* on a book entitled *Histoire du Lied*. The sheer length of the review spanning nine issues, long by the standards of the *Weekly*, is itself indicative of the importance Illenau officials attributed the topic. According to the reviewer, the German people are unusually "poetic and musical" which is why they have cultivated the fine art of music and invented a new musical form, namely the *Lied*. The author points out that the French "do not even have a word for *Lied*" and asked why is the French population "not capable of cloaking its feelings and passions, loves and hates in this musical gown."¹⁴⁵ His answer was that "they lack *Gemüth*." Being divided into little states, the German people were forced to develop indigenous musical traditions and styles of poetry peculiar to each province. In France, the author claimed, artistic and poetic creation was centralized in Paris and thus remained firmly in the hands of a few privileged artists and audiences. The implication of this claim is that music could only thrive under the same conditions as the *Gemüth* itself, namely in a state of balanced heterogeneity. For the healthy functioning of a national *Gemüth*, there must not only be one uniform musical language but a myriad of varied and differentiated musical dialects. The review concluded that the production of music was, in and of itself, a measure of the

¹⁴⁵IW, Nr. 36 & Nr. 39 & Nr. 42 & Nr. 46, 1870.

vitality of a community's *Gemüth*; a measure by which the *Gemüth* of the Illenau community was certainly flourishing.

5.3.2 Gymnastics Exercise and the Freedom in Restraint

The rise of the gymnastics movement in the context of German youth organizations and pedagogical reforms has received much historical attention.¹⁴⁶ A common argument of these studies is that the gymnastics movement was associated with the rise of nationalism in the German territories. Some authors have portrayed gymnastics as a proto-martial force used to discipline and regiment the population and thereby impose, or at least concentrate and bring to the fore, latent national feelings, while others have interpreted it to be a mere performance machine for demonstrating and advertising political solidarity and unity of purpose.¹⁴⁷

While differing in their emphases, both of these interpretative perspectives treat gymnastics as being intrinsically one thing or another.¹⁴⁸ But gymnastics is both a

¹⁴⁶To this day gymnastics is sufficiently associated with the national identity of Germans, and the stereotypes about them, that it frequently appears in film and theater as a cultural metaphor. The purposes and implications of its use as a metaphor are often directly opposed showing how complicated it is to place gymnastics as a symbolic activity. See, for example: Riefenstahl, *Olympia* (Set during the 1936 Olympics, has stirring gymnastics scenes invoking the Hitler Reich). *The Producers*, (Film about two con-men who produce a play, namely 'Springtime for Hitler,' which includes a parodic scene of a gymnastics formation in the shape of a swastika). Most recently, Marthaler has been touring Europe with a play on the condition of German *Befindlichkeit* since the war featuring a long scene in which gymnastics serves as a metaphor for the process of restoring of national identity. Marthaler, *Stunde Null*, Hamburg Theater.

¹⁴⁷The important question is not solely whether athletic exercise is used to further political purposes, which it has clearly repeatedly done throughout the centuries, but why in one particular situation gymnastics comes to serve as a means of furthering ulterior ends while in another those ends are served by organized team sports such as cricket, baseball and soccer.

¹⁴⁸The inclusion of gymnastics amongst Olympic sporting events takes this misconception to its logical extreme. The self-presentation of the sport presumes that gymnastics is universalizable. Seeing a body in a gymnastics outfit can easily lead one to perceive the body as being stripped of almost all cultural and historical qualities; and, indeed, the mark of a perfect ten for today's Olympic judges is for the gymnast to execute his or her movements with reference to an absolute standard of articulated movement. But there is no such standard. The movements are being judged with

symbolic activity and a visceral event; it usurps the thinking mind and places in its throne the sensate mind. The immediacy of sensation it produces is not *pure* in the sense of being an unalloyed physical sensation, however, because it is also strongly culturally determined. The significance and experience of a gymnastics sequence – i.e. rhythmic co-ordination, integration of movement, extension in space, and defiance of gravity – is inseparable from the cultural circumstances which motivated the sequence of movements.¹⁴⁹ It is no more possible to capture how it felt to somersault at Illenau than how it felt to be mad. But the perceived effects of upside-downness on the *Gemüth* can be used to explain the motivation for the action and the significance of the attendant rush of topsy-turvy sensation.

When psychiatry was first proposed as a medical discipline in 1803, Reil recommended gymnastics for the treatment of mental illnesses. Its rhythmic accent, he argued, can be used to restore the impaired psychological faculties. According to Reil, gymnastics enhanced both the synchronic and diachronic comprehension of temporal relations:

Gymnastics exercises are very suitable. They compel the attention of the patient to move with a certain pace from moment to moment, no detail can be skipped nor any detail dwelt upon for too long. As a consequence, once patients have been trained in staying aware of successive movements, they should be given other forms of physical exercise which focus primarily upon the distribution of attention across several points at one time.¹⁵⁰

reference to a variable frame of cultural reference. The reason why medals can be distributed anyway is that most of the spectators inhabit the same shifting frame of reference.

¹⁴⁹Blacking has developed an interpretive framework for understanding the diverse social purposes and personal transformations achieved by African dance. He calls dance performances “holistic events” whose meaning will in any given situation be entirely determined by the social motivations for the performance. John Blacking, “Movement, dance, music and the Venda girls’ initiation cycle.” In: *Society and the Dance*, edited Paul Spencer. Cambridge: Cambridge University Press, 1985, p. 64-91.

¹⁵⁰Reil, *Rhapsodien*, p. 437.

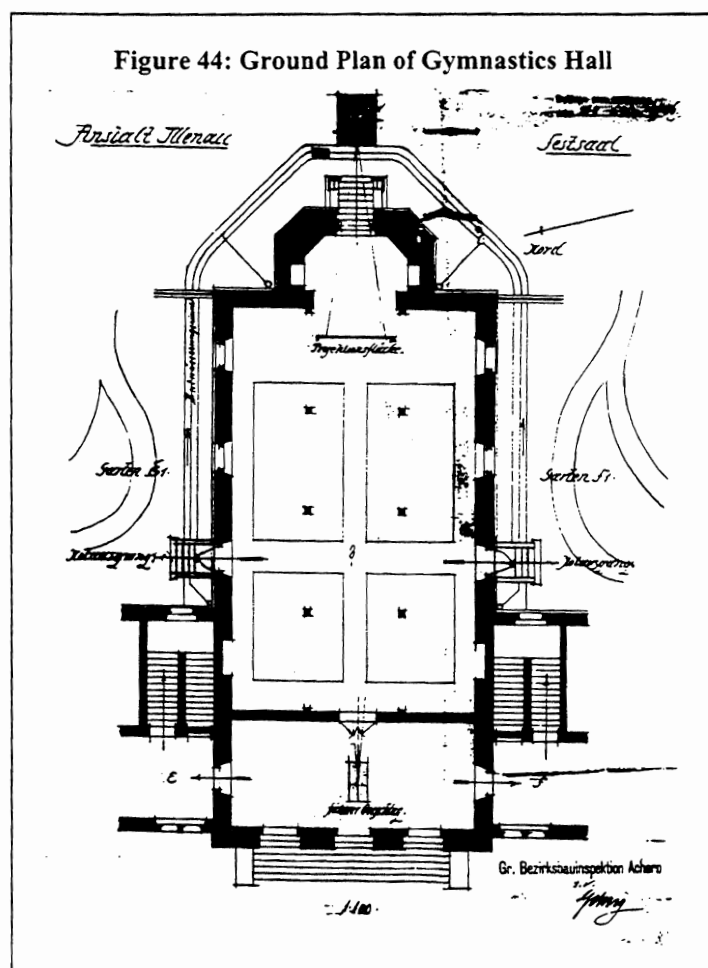
Following in this tradition, Roller introduced gymnastics instruction for female patients in 1846.¹⁵¹ The first classes were taught by "Herr Euler," author of a prominent book on gymnastics.¹⁵² In the early years, Illenau had neither a specialist post for gymnastics nor a designated place for its instruction. Euler provided introductory lessons for patients and trained members of the asylum population to conduct their own gymnastics classes: physicians tried their hand as well as attendants, the house chaplains, Roller's relatives and sometimes even select patients.¹⁵³ Initially, classes were held in the large assembly hall; later, male patients met outdoors, at least in summer, while female patients gathered on their wards. The absence of both a specialist post and an allocated space for doing gymnastics suggests that, at least initially, this therapeutic instrument had a lower status than, for example, music and bathing. But the prominence of gymnastics within Illenau's psychic cure regimen rose proportionally to its popularity outside. By 1869 gymnastics had gained sufficient stature that a designated gymnastics hall was erected and, in 1874, a full-time gymnastics instructor joined the Illenau staff and classes were offered twice a week, Tuesdays and Thursdays.¹⁵⁴

¹⁵¹"Das Turnen" in: IW, Nr. 30, 1778. This article was written by Roller junior, on the instruction of Hergt, in response to a request by the director of the asylum in Leubus, Dr. Jung, who wanted to know how to integrate gymnastics in the daily routine of his asylum. (IW, Nr. 30, Nr. 31, Nr. 33, 1878)

¹⁵²Another part-time instructor at the asylum was Jenni-Otto; he relied on the teachings of M. von Cloß.

¹⁵³ IW, Nr. 18, 1870.

¹⁵⁴ER: Herr Schmolck. IW, Nr. 11, 1874.



Roller's approach to gymnastics was based on the work of J. T. Lösschke who taught gymnastics to patients at the Sonnenstein asylum and published a manual entitled, *Of the General Effects of Gymnastics on the Mentally Ill and its Particular Effects on the Patients of the Royal Sachsen Cure and Nursing Asylum Sonnenstein near Pirna*.¹⁵⁵ Indeed, Roller so closely modelled Illenau's gymnastics program on the one outlined by

¹⁵⁵J. T. Lösschke, *Ueber das Turnen Geisteskranker im Allgemeinen und in Sonderheit über das Turnen der Geisteskranken in der königlich sächsischen Heil- und Verpfleganstalt Sonnenstein bei Pirna*. Leipzig: Ernst Fleischer, 1849.

Löschke that large portions of Löschke original text were reprinted in an article entitled “Gymnastics in Illenau” which appeared in the *Illenau Weekly*.¹⁵⁶ Since the two texts are virtually identical, most of the citations used in this chapter will be taken from Löschke’s original monograph. Significant differences between the two texts will also be mentioned where they serve to illustrate the specificity of the Illenau approach.

Articles in the *Illenau Weekly* regularly reported that gymnastics was a restorative activity, a fact measured in terms of the physiognomy of patients, not numbers cured. Patients were said to look “radiant” after each class and professed that the movement “improves their well-being.”¹⁵⁷ Gymnastics, like music, was not merely perceived to be a pastime or diversion, however, but a proper therapeutic instrument, as Löschke says a *Heilapparat*.¹⁵⁸ As such it was placed under the direct supervision of Illenau physicians. For best results, doctors were directed to collaborate with a specialized instructor:

It is necessary above all else that the physician and gymnastics instructor work hand in hand and that the physician recognizes the instructor as an assistant...They must consult with each other regarding the results of treatment and the further course of procedures, they must act in continuous agreement until a full recovery has been achieved.¹⁵⁹

In order to insure that the effects of exercise were continually adjusted and regulated to the needs of the patients, Roller believed that a physician should be on-call during all gymnastics classes.¹⁶⁰ Gymnastics was as much part of the psychiatrist’s arsenal of treatments as drugs for the general practitioner. A humorous entry in the *Illenau Weekly* warned that the introduction of regular gymnastics classes for all patients was going to

¹⁵⁶IW, Nr. 31 – Nr. 33, 1878.

¹⁵⁷IW, Nr. 21, 1871.

¹⁵⁸Löschke, *Turnen*, p. 26.

¹⁵⁹Ibid., p. 16.

¹⁶⁰IW, Nr. 33, 1878.

injure the professional vanity of Illenau's medical staff: "Many of our doctors will suffer pangs of envy, when they are forced to witness the enormous therapeutic success" achieved by the house gymnastics instructor and the apothecary will be rendered obsolete for the lack of "powders and electuary to dispense."¹⁶¹

Illenau physicians utilized gymnastics for a highly individuated course of psychiatric treatment that, on first glance, seems like the exact opposite of their approach to music therapy. While gymnastics used "corporeal" sensations to coerce the atomic *Gemüth*, music employed "aesthetic" sensations to channel the aggregate *Gemüth*. But, in the framework of the Illenau School of psychiatry, these were two types of practice for achieving the same end, namely the ordering of time through rhythmically structured activity. Indeed Roller and his colleagues conceived of gymnastics as embodied music. Due to the ontological scope of *Gemüth*, it was of secondary importance whether a specific course of treatment privileged the mind or body, the individual or group. Both activities could be used to generate multifarious sensations for the management of attention and, thereby, create an experience of immanent well-being for individual patients and of eurhythmic oneness for the asylum population as a whole.

Gymnastics, as conceived by Löschke and Roller, involved a differentiated vocabulary of movement tailored to the individual needs of each patient.

The physician must acquaint the instructor with the nature of the illness, with the individuality of every patient; he must inform the instructor of his therapeutic plan giving him indications and winks on how the same can provide support through the use of gymnastics.¹⁶²

For every mental disorder or character deficiency there is, in Löschke's system, a counter-balancing sequence of exercises. A lazy patient should, for example, be made to

¹⁶¹IW, Nr. 48, 1870.

¹⁶²Löschke, *Turnen*, p. 16.

march and do jumping exercises because that enhances continuous action and concentration; a dreamer should be made to jump rope because that will cause his or her thoughts to dwell upon an external object or be hit in the head when not paying attention; a melancholy patient should balance on a see-saw to practice co-ordinated movement with another person; a garrulous patient should lift weights of such enormous size that the physical strain of exertion will prevent the utterance of any speech; a raging patient should be driven to the point of exhaustion by vault jumping and other strenuous activities.¹⁶³ Löschke proceeded to step through the following conditions – imbecility, obsessions, hallucinations, nervous complaints, lunacy, melancholy, epilepsy, periodic insanity – and to list how specific gymnastic exercises could be used to target the disturbances of *Gemüth* associated with each condition.¹⁶⁴

The emphasis on individuation in Löschke's system of movement can also be found in other contemporary approaches to psychiatric gymnastics. Roller's friend and fellow asylum director, Laehr, traced the influence of gymnastics on mental illness to the relationship between brain function and muscle movement.¹⁶⁵ Laehr favoured Spieß and Ling's gymnastics system over, for example, that of *Turnvater* Jahn because, he argued, it is targeted towards redressing the mind/body balance rather than simply endorsing physical movement in the widest sense. Spieß and Ling created a sophisticated tool for intervening in the psychic life of patients; some exercises were directed towards brain functions, others towards muscle activity. In any case, the intervention was tailored to the specific needs of each patient.

¹⁶³Ibid., p. 16-18.

¹⁶⁴Ibid., p. 12-14.

¹⁶⁵Laehr, *Irrsein*, p. 96-101.

For Illenau officials rhythmic regulation of the body through gymnastics and music was a means of calibrating the soul. Their ideas had a long lineage. In Plato's Republic, for example, guardians were to be trained in music and gymnastics because they "sink into the innermost part of the soul and fasten most firmly upon it, burying gracefulness and making it graceful."¹⁶⁶ At Illenau these ideas found a somewhat more technical formulation in that that exercise was said to be conducive to "blood circulation, respiration, muscle activity and digestion" and, so, "increases a patient's attention." Illenau physicians associated increased attention with a wide range of desirable personality traits such as *concentration, will power, strategic thought, courage, determination, decency, steadfastness, resolve and generosity*:

It occupies the understanding and teaches attentiveness; in particular, gymnastics exercises build and strengthen will power because they require practice and perseverance. Gymnastics teaches patients to combine wise, calculating caution with bold, rapid determination and mental wherewithal....It teaches its pupils integrity, co-ordination, equips them with a resolute disposition, adorns them with noble generosity and protects them from crawling submissiveness.¹⁶⁷

As demonstrated by the above quotation, the precise end towards which asylum physicians wished to regulate the minds and bodies of their charges was quite specific to the *Biedermeier* world at Illenau. Roller and his colleagues strove to encourage specific personality traits through directed movement. Of the personality traits mentioned above, the reference to "crawling submissiveness" is perhaps most characteristic of Illenau's therapeutic bias. It alludes to the notion of mental illness as a state of submissiveness insofar as the patient's will is curtailed by illness. According to Illenau physicians, patients were existentially unfree owing to their pathological pre-occupation with self, a state which, as mentioned before, was also called the "egotism of sickness." Gymnastics,

¹⁶⁶ Plato, *Republic*, 401E-402B.

¹⁶⁷ Löschke, *Turnen*, p. 9-10.

like the landscapes, drew the patients thoughts to things outside themselves and increased their receptivity to external influences be they aesthetic, social or religious. To cure a patient meant to restore his or her freedom – i.e. the freedom to resume one's position in society by fulfilling one's social obligations –which is, they presumed, what any genuinely *free* person would want to do.

Gymnastics was, on Roller's construal, a medium ideally suited to combat this egotism because it so forcefully and viscerally directed the attention of the patient outwards: that is, away from the self. Illenau's distinctive notion of freedom is enacted in the formation exercises, such as the pinwheel mentioned in the introduction, where a given pattern had to be executed according to the precise instructions of the physician/instructor, "with no additional little steps and hops." Intermittent verbal commands, such as 'halt' and 'go,' were to be obeyed instantaneously by all participants of the formation. These commands served to control the movement of the pattern even while it was being performed; in the case of the pinwheel, for example, the instructor could shout out the direction (left, right), pace (fast, slow) and duration of rotation. The instructor's total command over the formation shows the patients to be, at least for the duration of the exercise, in the grips of an external will and hence in that sense *unfree*. The degree of other-orientedness manifested in a synchronized demonstration such as the pinwheel formation is reminiscent of Kleist's short story, "The Puppet Theater" where the best possible dancer is said to be a puppet who is able to execute the desired movements in complete harmony with the laws of gravity because all self-consciousness has been located outside the dancer in the puppet player. Indeed, the implications of Kleist's surreal tale are eerily mirrored in some of the descriptions of gymnastics to be found in Illenau's medical literature. So, for example, Roller's son, who was also an

asylum director, pointed out that gymnastics not only provided a tool for the management of attention, it could positively “shackle the attention” (*es fesselt die Aufmerksamkeit*).¹⁶⁸ But, he proceeded, it only shackled the attention when the exercises were sufficiently varied, “the modification of exercises must be carefully monitored.” In Löschke’s words this meant that the arrangement of gymnastics movements was to be varied and engrossing, not monotonous and mindless:

As concerns the spirit of gymnastics, one must take care that it does not become a simple machine-like recitation or regurgitation of movements, that it is not reduced to a numbing and dull burden; one must insure that even in an asylum, this place of grief and misery, gymnastics serves to dispel, at least temporarily, the dark terrible shadows.¹⁶⁹

‘Shackle’ is a strange word to appear in this context since shackles connote restriction, confinement, and boredom – in short all of the elements of experience to be avoided in the configuration of asylum time. Some activities which bore a superficial resemblance to gymnastics, such as working the fields and kitchen labour, failed to shackle the attention of patients because, according to Roller, they were too “mechanical” in character. Shackles had a positive connotation for Illenau physicians provided they were disguised by variations, gradations and nuances of sensation, as they were in the case of gymnastics; they served to fix the personality and draw the attention to the immanence of experience:

The effect that a regimen of physical movement can achieve which recurs periodically and both demands a certain orderly conduct while, in turn, reinforcing that order is almost unbelievable...It animates tactile perception as well as a sense of pace and temporal order.¹⁷⁰

¹⁶⁸ Christian Roller, *Kaiserswerth*, p. 19.

¹⁶⁹ Löschke, *Turnen*, p. 18.

¹⁷⁰ Roller, *Beziehungen*, p. 184.

According to Illenau doctrine of psychiatric practice, patients can and should be coerced so long as they do not have a negative awareness of the coercion which, provided the *Gemüth* was gorged with well-ordered sensations, they would not.

Gymnastics was perceived to elicit many of the same sensations as asylum time; it involved routines of activity which allocate to all patients their place in a given group and suspended awareness of the passage of time in immanent experience.

It would be inappropriate for gymnastics to involve persistent boring repetition of the same small movement of hand or foot, rather combined, multifarious movements of diverse kinds are executed here. Conscientious attention is required here, so as not to miss the moment when the hand is to be raised, the baton aimed, now vertically, now horizontally, when the left foot is to take a step, then the right. It is necessary to be counting here so that all participants make the same movements at the same time. How inspiring and animating the infinitely variable hand, arm and foot movements are of the popular rocking step with chants, the marches, jumps, dances and formation exercises involving batons etc.¹⁷¹

Frequent repetition of the word 'here' and the author's present-centred perspective were linguistic means of highlighting that gymnastics accentuated the immediacy of experience. In Laehr's words, the ultimate aim of gymnastics was to generate an experience which would teach patients "to use all of their senses and never to leave the actual world, or if they must, to return to the same."¹⁷²

5.3.2.1 Embodied Music

Gymnastics classes at Illenau were invariably accompanied by some form of musical performance. This linking of gymnastics with music was common throughout the contemporary German gymnastics movement where gymnastics associations frequently

¹⁷¹IW, Nr. 33, 1878.

¹⁷²Laehr, *Irrsein*, p. 98.

doubled as singing associations.¹⁷³ At Illenau it did not matter which kind of music was produced. After all, the heterogeneity of *Takt* could accommodate many forms of musical accompaniment: a choral piece could serve the purpose as well as an instrumental piece, a group piece as well as a solo one. Sometimes guitar or piano provided musical accompaniment, at other times Illenau's orchestra would serenade the gymnasts; in the summer months, when exercises were performed outdoors and musical accompaniment became more difficult to arrange, patients would sing and chant for rhythmic encouragement. The important thing was that some form of rhythmic accent punctuated the articulation of exercise. Löschke recommended a song composed and written by a patient at the Sonnenstein asylum be sung at the commencement of every class (see gymnastics song below).¹⁷⁴

The rhythmic pattern of exercise did not merely mimic the rhythmic pattern of music, it merged with and extended musical rhythm. Illenau physicians construed the rhythmic coherence of gymnastics as a sort of dynamic antidote to the arrhythmia of mental illness. By integrating musical rhythm into their movements, patients literally absorbed the structure of the music into their bodies and *Gemüth*. Indeed gymnastics was a form of embodied music. A left-sided cartwheel, for instance, involves a smooth horizontal rotation comparable in its structure to the melodic progression of a song. This continuous movement divides along four temporal segments which, like measures, are of

¹⁷³“Die deutsche Nationalbewegung im 19. Jahrhundert. Ein Portrait ihrer Physiognomie.” In: *Deutschland, deutscher Staat, deutsche Nation. Historische Erkundungen eines Spannungsverhältnisses*. Edited by Peter Krüger. Marburg: Hitzeroth, 1993, p. 71-85, especially p. 73-78.

¹⁷⁴Oddly, the song is only written in a base key which means it was to be sung by men. Although another version of the song may have existed in the treble key, it is not included in the gymnastics handbook. The gendering of gymnastics in this period is continuously perplexing. For Turnvater Jahn gymnastics was an exclusively masculine activity which included fencing. The extension of gymnastics to women was a later development. Interestingly, the *Illenau Weekly* discusses its gymnastics demonstrations almost exclusively in terms of female performances.

equal duration. Each segment is marked by one of the gymnast's extremities touching the ground, first the left leg, then the left hand, then the right hand, then the right leg.

Although the segments are of equal duration, the distance travelled from one joint to the next varies as each part of the body executes its respective arc of movement. So, a cartwheel can be defined as the combination of movements of unequal distance (and duration) into intervals of regular duration in the service of creating a beautiful form. This is virtually identical to the definition of music in the Shorter Oxford English Dictionary where music is said to be "a fine art which is concerned with the combination of sounds with a view to the beauty of form."

Just as Illenau physicians employed a particular style of musical language they also cultivated a particular style of body language through gymnastics exercise.

Physicians personally adjusted the rhythmic variables of movement to the perceived psychiatric needs of each patient, thereby concocting a kind of phenomenal tonic: "The selection of participants [in class] and of the dancers as well as of the beat and pace [of each exercise] is determined by the physician."¹⁷⁵ In other words, the physician configured the experience of exercise with a view to achieving a therapeutic *Takt*.

Illenau's gymnastics instructor, Jenny-Otto, published a poem entitled *On Gymnastics* in the *Weekly* which furnishes a small glimpse of his use of stepping routines, rotations and games in class.¹⁷⁶ To judge from the quality of this poem, we can only hope that his skill

¹⁷⁵"Die Auswahl der Theilnehmer und der Tänzer so wie Zeit und Maaß bestimmt der Arzt." Roller, *Beziehungen*, p. 210.

¹⁷⁶Immer frisch, froh, fromm und frei!; In Morgen- und Abendstunden; Rief uns die Turnerei; Mit Kranken und Gesunden; Zum Gartensaal herbei / Und Manche der Verzagten; Aus Abtheilung F drei / Recht gerne Etwas wagten – Trotz ihrer Träumerei / Die Fräulein und die Frauen – Sie turnten allzumal – Die Wärterinnen, die blauen – Im freundlichen Lokal / Und manchmal mochte wirbeln – Den Turnenden der Kopf – Denn Wiegehüpfen und Zwirbeln – Erschüttert bis zum Zopf / Die Spiele aber erfaßten; Fast alle wie im Flug; Den Plumpsack, den verhaßten; Auch jede gern ertrug! / O möchte das fröhliche Spielen; Den Kranken insonderheit; Ein leidliches Dasein erzielen –; Wie wäre; mein Herz erfreut. W. Jenny-Otto, "Turnerei."

as instructor exceeded his gifts as bard. Strikingly, both Löschke and Jenny-Otto were publishing poets, a dual professional identity that further emphasizes the proximity of musical rhythm and body rhythm in asylum life.

5.3.2.2 Delighting in Cohesion

Whenever a gymnastics performance was described in the *Illenau Weekly*, the article invariably portrayed the patients as looking ‘*frisch, fromm, fröhlich, frei*’ (‘fresh, faithful, frolicking and free’) or some combination thereof.¹⁷⁷ In fact, this slogan made an appearance in almost every discussion of gymnastics in the contemporary literature (see opening line of Euler’s poem in above footnote). It was coined by *Turnvater* Jahn, who had promulgated its use as a rousing chant at the commencement of each class, and became the mantra of the German gymnastics movement.

The chorus line of the *Gymnastics Song* mentioned previously uses this phrase as a verb for ‘doing gymnastics,’ in the words of the song the verb is literally “to frisch-fromm-fröhlich-frei.” Its migration from adjectival phrase to verb phrase illustrated that this string of words so graphically captured the effects of gymnastics that it could become conflated with the effects themselves. These four adjectives connoted a condition of uncomplicated harmony with one’s physical and social environment – with ‘fresh’ and ‘frolicking’ pertaining more directly to the physical state of harmony, ‘faithful’ and ‘free’ to the social. Because the healthy *Gemüth* was, by definition, in this state harmony, the adjectives could serve as designators of *Gemüth* in general. Christian Roller used an abbreviated version of the phrase to describe the state of the healthy *Gemüth*:

Exercising strength and distraction leads out of the dangerous circle of pathological conceptions....spirit and *Gemüth* open themselves to the rich, large world of our God and the

¹⁷⁷See the first line of the poem on “Gymnastics” by Illenau’s instructor Jenny-Otto.

strength to act compels us to intervene and participate in the concerted labour of human society. The patient becomes healthy, fresh and frolicking again (*gesund, frisch und froh*).¹⁷⁸

In fact, the transfer of meaning was so complete that a combination of these adjectives could be used to signify the operations of *Gemüth* in contexts entirely separate from gymnastics. So, for example, in the previous section, an asylum concert was said to render patients ‘fresh and free.’

As shown above, gymnastics was used to regulate experience at the point of unity between *body and soul*. Like music, however, gymnastics was also used to blend experience for *one and all*. Rather than immersing an audience in the shared experience of a concert, gymnastics consolidated communal feeling through the arousal of a shared physical sensation, in particular the sensation of feeling ‘fresh, faithful, frolicking, and free.’ This shared sensation, according to Roller’s son, palpably improved the “tone” (*Ton*) of asylum life:

Some [procedures and performances], such as gymnastics, fulfil multiple purposes because they act upon mind and body and thus animate the tone of the whole asylum.¹⁷⁹

The difference between body music and instrumental or vocal music resided primarily in the apparent scope of the immediate sensations aroused by each activity. The gymnast’s experience seems more solitary than that of a concert audience. But in the framework of *Gemüth*, the gymnast’s experience is not solitary in the slightest. The individual’s *Gemüth* is part of, and simultaneously constituted by, the collective *Gemüth*. The *Takt* performed during a gymnastics demonstration is inseparable from the *Takt* of the entire community – it is a rhythmic unit of experience that will propagate unhindered from the

¹⁷⁸Laehr, *Irrsein*, p. 122.

¹⁷⁹Christian Roller, *Kaiserswerth*, p. 59.

atomic to the aggregate instantiation of *Gemüth*. In Löschke's words, physical rhythm dissolved the boundaries of the self:

All patients, even those who standardly found the exercises especially difficult, were able to execute them with ease and precision as soon as a rhythm was played. So, rhythm and harmony seemed to loosen the cords connecting the soul, nerves and muscles.¹⁸⁰

This image of psycho-physical disintegration as a result of a higher form of rhythmic integration leads directly to Illenau's overarching medical project, namely the dissolution of the pathological self in a therapeutically configured community, and the perpetuation of that project through group gymnastics.

Stimulation of the collective *Gemüth* was not merely an accidental side-effect of Illenau's gymnastics program but an explicit goal deliberately pursued by asylum officials. For this reason, Roller's classification of exercises differed from that used by Löschke in one important respect. Whereas Roller recognized four classes of exercise (I-IV, see classification below), Löschke recognized only three (II-IV). For Löschke, a gymnastics class began with patients exercising their own limbs, first in simple then in composite movements (II); next, it entailed exercises involving external objects such as hurdles and jumping ropes (III); and, finally, it concluded with exercises involving confrontation with others in games and races (IV). His scheme reflected the development of the soul as described by idealist philosophers in that it moved from the confrontation of the self with itself, to the confrontation of the self with the non-self, to the confrontation of the self with others. By contrast, Illenau officials recognized a fourth category of movement that they deemed prior to all of Löschke's categories, namely the so-called "order exercises" (I) which were directed towards regulating the behaviour of a

¹⁸⁰Löschke, *Turnen*, p. 25.

Reigen, i.e. a gymnastics team as a whole. Strikingly, order exercises did not involve confrontation of any kind, they were exercises for enhancing *co-operation*:

- I. Order exercises [enhance co-operation] – groups of gymnasts executing formations and patterns, both of a static and dynamic variety, involving marches, countermarches, chains, figures, loops and walking in circles.
- II. Free exercises [confrontation of the self with itself] – postures, leg, torso, arm stretches, jumping, skipping, sway walking.
- III. Apparatus exercises [confrontation of the self with the non-self] – jumping exercises involving large and small ropes, double bars, jogging around the triangles and hanging from handles, vaulting, long jumping and walking on stilts.
- IV. Games [confrontation of the self with others] – ball games, ball throwing, races, catch games, like *hide-and-go-seek*.¹⁸¹

The first order of business in a gymnastics class at Illenau was to practice the co-ordination of group activity. The prominence and placement of order exercises in Roller's classification is characteristic of Illenau's approach to psychiatry where group experience took priority over individual experience.

Roller's emphasis on the order exercises harkened back to the early gymnastics movement as conceived by *Turnvater* Jahn in 1811 which had had a strong collectivizing bias. In fact, Jahn's gymnastics agenda was overtly political; he associated the uniformity of gymnastics with the political unification of German states and the well-toned body of a gymnast with the health of the body politic. The gymnastics associations he inspired were so fervently ideological that troops of marauding young men belonging to gymnastics associations (*Turnvereine*) and wearing gymnastics outfits assembled for political demonstrations that were sometimes violent. The murder of Kotzebue by the

¹⁸¹IW, Nr. 28, 1870.

gymnast Sand caused Jahn to be arrested and gymnastics banned until 1842.¹⁸² These early *volkish* and *nationalist* overtones of gymnastics began to resurface in the gymnastics classes at Illenau. The historian Pauls identified this resurfacing of nationalist longings as a typical feature of the *Biedermeier* period and captured the proximity between nationalism and gymnastics exercises in the evocative image of a national body wave spreading through the German population in the second half of the last century:

Now it only seemed necessary to carry out one almighty gigantic body wave and the German *Reich* would be founded.¹⁸³

Löschke's *Gymnastics Song* rallied the gymnastics team to pluck up the "old German strength" and permeate the "German brotherhood" so that the "sickly scholar sitting at his desk all day" can be injected with new vigour and strength (see score in appendix). During the Franco-Prussian war the *Illenau Weekly* mixed regular updates from the battle lines with an article on gymnastics spanning nine issues. The weaving together of these two themes associated pronouncements on the therapeutic efficacy of gymnastics with the social disruption caused by war. This article, mentioned earlier, was for the most part a verbatim copy of Löschke's book. But there is one telling deviation from Löschke's original text, a passage which makes oblique reference to German political unification. I will quote the passage in full:

It [gymnastics] exercises no small degree of influence upon soul, yes an influence perhaps more powerful by virtue of being direct. It encourages communal feeling and produces consensus. It is the direct enemy of that self-centredness so often rooted in *Gemüths*-illnesses, it rallies individuals, who in the thraldom of their affliction have become all too preoccupied with their own lives, are introverted and dwell upon their own inner life, together under a single flag.¹⁸⁴

¹⁸²Dieter Düding. *Organisierter gesellschaftlicher Nationalismus in Deutschland (1808-1847)*. München: 1984, especially p. 50-139.

¹⁸³Pauls, *Der politische Biedermeier*, p. 19.

¹⁸⁴ "Es [das Turnen] wirkt nämlich in nicht geringerem Grade, ja vielleicht mächtiger noch weil direkt, auf den Geist. Es befördert Gemeinsamkeit, es erzeugt Verträglichkeit. Es ist der direkte Feind jener in der Gemüthskrankheit

The association in this passage between Roller's 'order exercises,' the banishment of egotism, and the blending of individuals in an unnamed population need hardly be given a further historical gloss. Gymnastics is construed as enhancing an individual's sense of community to such a degree that the language of the article moved effortlessly from the immediacy of movement to the unity of a population under "a single flag," or in other words political eurhythmia. Roller pitted mental illness and egotism against gymnastics and national unity thereby associating the political situation of his day with central tenets of the Illenau School. Not all of Roller's associates agreed with this line of reasoning. His friend Laehr, for example, was at pains to distinguish the ideological use of gymnastics from its psychiatric use:

The former [political use of gymnastics] wants to remodel a fatigued race into an "authentic" (*naturwüchsig*) one, while the latter [psychiatric use of gymnastics] never deems the impairment of an organ to be an absolutely hopeless affliction.¹⁸⁵

Regardless of their political convictions, however, the advocates of psychiatric gymnastics believed its restorative effects to persist long after patients had been released from the asylum. Löschke, for example, had the following mental image of the life of a patient in society after the termination of his or her treatment:

Beyond the walls of the asylum this experience [gymnastics] will leave a lasting impression and whenever collective action is required, the slogan will always be: Gymnasts, Hark!¹⁸⁶

This scenario equated the routines of movement practiced in gymnastics class with the forms of conduct required in civil society. Löschke alleged that the cry, 'Gymnasts,

so überaus häufig wurzelnden Eigenliebe, es schaaft die Einzelnen, die im Banne ihres Leidens nur gar zu oft sich selbst zu leben, nur in sich und für sich zu denken gewohnt sind, unter einer gemeinsamen Fahne zusammen." IW, Nr. 18, 1870.

¹⁸⁵Laehr, *Irrsein*, p. 99.

¹⁸⁶Löschke, *Turnen*, p. 12.

Hark!' (*Turner herbei!*), will enable the patient to assume mastery of the vicissitudes of life outside the asylum. This fantastic scenario baffles by virtue of its implausible, yet strangely foreshadowing quality. Any released patients caught wildly chanting such slogans would, most probably, have found themselves readmitted to the asylum post haste. Yet for all of its fancifulness, this scene drew its meaning from a deep cultural logic in which Löscke, and his intended audience, were steeped – a cultural logic which associated mental health, collective action and aesthetic sensations as mutually reinforcing registers of experience whose equilibrium, once disrupted by an affliction of the *Gemüth*, could be restored in the protected sphere of the asylum.

With historical hindsight, 'Gymnasts, Hark!' sounds like a Delphic riddle predicting a salute which was to rise from the German population nearly a century later, namely 'Heil, Hitler!' The cultural forces immanent in Löscke's scene express a shared set of beliefs which were viscerally charged and allocated to individual members of society their specific place. In Illenau such cultural forces lead to the creation of a cosmopolitan and heterogeneous community centred around the sacrifice of the self for the sake of communal harmony; in the Third Reich they lead to the creation of a nationalistic, homogeneous population based upon the sacrifice of designated social outcasts resulting in a world war. Yet Illenau should neither be construed as a precursor to the Nazi period nor a rudimentary manifestation of a dangerous, and distinctively German, Romantic communitarianism. It was something perhaps more troubling: a demonstration that some of the same cultural forces which facilitate social tolerance, stability and co-operation in one period can equally facilitate their opposites in another. This may be why Greek oracles were inevitably proven right in the end, if one waited long enough.

Gymnastics is a physical ritual which, besides stimulating digestion, metabolism and concentration, also has the power of a rain dance, war cry, mating call or rite of passage to organize and concentrate communal cohesiveness. Beliefs are not merely *associated* with a certain set of movements nor are movements the mere carriers of belief structures. Rather, the visceral energy released in movement can be harnessed to a set of shared beliefs endowing these with a power of conviction they would rarely excite on their own. So, for example, to perform a gymnastics formation while conceiving of that formation as a collective manifestation of sanity and, moreover, a component of a great pulsating national will, materially informs the quality of the experience aroused by executing the formation. In other words, movement endows belief with zeal and belief endows movement with purpose.¹⁸⁷ The susceptibility of a target group to certain forms of therapeutic intervention, like gymnastics, is directly associated with the symbolic significance of the sensations aroused by the intervention.

In German the word *Takt* is used to this day for describing the nature of asylum routine. Yet the perception of such routines and the connotations of *Takt* have changed dramatically. A quote from an article on recent artistic productions by mentally ill patients which appeared in *Der Spiegel* 1997 will illustrate the negative connotations of *Takt* today:

As every day for lunch at half past one the men sit in the dining room and wait, the radio plays Folk music. Reisenbauer, a painter of serial pieces, is about to serve coffee with uneven steps, it has taken him half a year to learn the knack. But what are six months to someone who, like him, has spent three decades in the rhythm of the asylum, the ever-uniform Takt of alarm clocks, medication and meals that makes the time go rigid like hardening plaster.¹⁸⁸

¹⁸⁷William McNeil, *Moving Together in Time*.

¹⁸⁸*Der Spiegel*. 37 (1997), p. 175.

At Illenau *Takt* had the opposite connotations – its propagation through gymnastics, music and the structure of every day was believed to blend heterogeneous physical sensations into a unified rhythmic whole of pleasurable experience. Illenau's *Takt* was differentiated according to the shifting psychological condition of each patient while, at the same time, cohesive group experience required an integrated *Takt* to obtain within the respective life-worlds on each ward. The physician used a finely developed sense of *Takt* to move patients around the rhythmically differentiated universe of the asylum. As Hergt said:

When *takt* is adjusted to the precise degree of the patient's sensitivity and combined with an exact knowledge of the patient's illness as well as circumstances the best therapeutic results will be yielded. To expose the patient to the society of others too soon, too intensively or too long can cause regrettable relapses. But to move a patient at just the right time into a new social situation, for example into a quiet circle, can cause surprising improvement. In the transitional periods of violent madness...finding the correct balance between isolation and community in both timing and duration is especially important.¹⁸⁹

The spatial differentiation between parallel wards was accentuated by a temporal differentiation of the rhythmic order on each ward. Although ward *Takt* was heterogeneous, it was also unified in the overarching *Takt* of the Illenau community.

An amusing passage from the *Illenau Weekly* on the importance of Fridays, also known as "stewed-dumpling day," demonstrates the power wielded by one isolated beat of Illenau's asylum *Takt*.

It has frequently been remarked that just as the Greeks used the Olympics so we could use stewed-dumpling days as the fixed points of our time measurement. The importance which this day can be illustrated by the story of a young female friend who was cured at Illenau many years ago. After she had returned home, she requested permission to attend a Friday stewed-dumpling meal whenever she felt her previous condition returning. Having received the standing permission to be our guest, she would occasionally attend these meals which invariably seemed to serve as a protective support against the threatened relapse.¹⁹⁰

¹⁸⁹Hergt, *Seelenstörungen*, p. 812.

¹⁹⁰IW, Nr. 2, 1876.

In this example the mental health of a single patient is maintained through intermittent contact with Illenau's communal *Takt*. The sensation which propagated this *Takt* into the patient's soul-life was comprised of many different sensory elements; it involved the rhythmic recurrence of a special Friday meal, the flavour of stewed-dumpling, and the sociability of her former Illenau companions. The repeated physical action of partaking of this meal balanced her *Gemüth* and staved off relapsing into her former state of illness. Simply knowing that she was welcome to return at any point to infuse her soul with the restorative experience of Friday dumplings, surely went a long ways towards regulating her spiritual energies. Once the effects of *Takt* have been absorbed into experience, its mere suggestion can suffice to induce the associated spiritual state.

To speak in terms of the pinwheel formation, *Takt* was the force enabling the formation to rotate because it governed the ordering of steps for each participant. Roller's conception of gymnastics therapy recapitulated the entire framework of the Illenau School of Psychiatry. The rotating pinwheel was, first and foremost, one of many synchronized gymnastics demonstration performed by patients. The structure of a gymnastics class mirrored the social structure of the asylum community. Patients were divided by *gender*, male and female patients meeting in separate groups; and *class*: gymnastics instruction being a privilege reserved for the upper classes, lower class patients received their exercise through physical labour, especially wood chopping and farming.¹⁹¹ Participants of each class were allocated to sub-classes, so-called *Reigen*, by the same principle as wards, namely with a view to forming cohesive groups for generating sustainable patterns of activity. Each *Reigen* was trained and occupied

¹⁹¹Löschke, *Turnen*, p. 44.

according to the level of competence within the group.¹⁹² Illenau's gymnasts celebrated their achievements in a festive occasion known as the *Turnerfest*.¹⁹³ Even the gymnastics hall was purpose-built in order to achieve the same degree of aesthetic completion as previously achieved in the Illenau complex as a whole. Roller envisaged a "cheerful" hall modelled on the breakfast room of the Petersthal spa which would be flooded with light from "walls consisting largely of glass."¹⁹⁴

Protecting patients from the "unpleasant consequences" to which they "would be exposed in real life" was a central purpose of asylum life. Gymnastics provided just such a sphere of sheltered experience. In Löschke's words:

The mental patient can, like a child, practice and apply his skills in games, he can try to reach a goal without having to suffer, should his attempt fail, any of those unpleasant consequences to which he would be exposed in real life.¹⁹⁵

Here Löschke is drawing on ideas developed by Schiller who argued that the notion of "play" was integral to the aesthetic education of man because "before man is ripe for the exercise of moral freedom he passes through the stage of aesthetical freedom; before the seriousness of life sets in, the child is introduced to the sphere of freedom through play; it learns to use its powers without constraint before it advances to the use of them for a definite end and purpose."¹⁹⁶ At Illenau patients found themselves in an

¹⁹²"Ferner muß der Turnlehrer die Irren, nach vorhergegangener Besprechung mit dem Arzte und nachdem er bei einigen Versuchen gesehen hat, wie sich ein Jedes zum Turnen anläßt, nach Krankheit, Kräften und Fähigkeiten in Riegen (Klassen) eintheilen. Diese Riegen werden dann jede besonders beschäftigt und eingeübt." Löschke, *Turnen*, p. 16. Also in: IW, Nr. 19, 1870.

¹⁹³IW, Nr. 29, 1870.

¹⁹⁴Due to financial constraints, Roller was prevented from realizing the gymnastics hall he envisioned settling instead for a simple wooden construction. IW, 1878, p. 133.

¹⁹⁵Löschke, *Turnen*, p. 36.

¹⁹⁶Merz, *History of European Thought in the Nineteenth Century*. London: William Blackwood and Sons, 1904, p. 30.

environment where they could once again exercise "aesthetical freedom" before returning to the world outside where they would have to practice "moral freedom."

Figure 45: Gymnastics Song

Schlichter Turnerchor.

(Für Neck-Einweihung den 5. Juni 1849.)

Gedichtet und in Musik gesetzt von F. G. Wf.

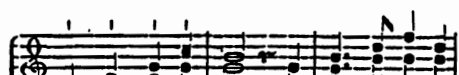
Marschmäßig:

Tenor:




Des Turners Wort ist al • le • zelt nur
Der Stuben • hol • ler senzt und stt, nicht
Her • bel, was trüb' u. schwach u. krank zum

Bass:

Drum klingt's im Chöre
„Frish, fromm, fröhlich, frei!“ Bei sei • nen Bächern
Wir sauchzen hell, wir




weit und breit: Hoch • leb' die Turne • rei! Auf
und verschwigt die Kraft zur Turne • rei! Her
fin • gen frank: Hoch • leb' die Turne • rei! Ge




auf! du al • te deutsche Kraft, durchbring' die
aus, du Mann der Wissen • schaft, hier giebt's für
sundheit, auf, du Gottes • kraft, durchbring' auch



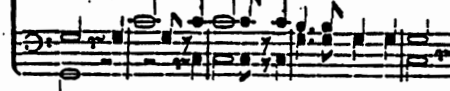
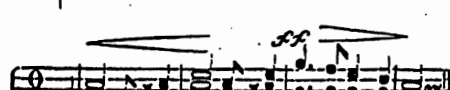

deutsche Bruderschaft!
Leib und Seele Kraft: Nur frish, fromm, fröhlich,
unf • re Bruderschaft:



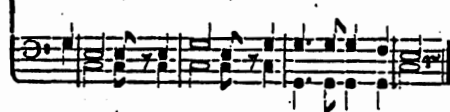
48



frei! Es lebe, es lebe, - es leb' die Turne • rei!

Es le • be, es le • be, es leb' die Turnerei!



Conclusion

Doctor, when I saw the confined people, it struck me that the asylum sits like a huge spider in the midst of the land and the strings of its web reach into the remotest villages...There are family members of patients squirming in the web, you know...and it spins the strings of their fates, the spider – I mean the asylum – or Matto, if you prefer...¹
(Glauser 1973)

Roller believed the asylum to be “a cultivating and ennobling force even beyond its borders.” Although assessments of that influence may differ, it would be hard to deny the phenomenon itself. Illenau did not merely re-route the infrastructure of its immediate region and shift the onus of caring for patients from the families and communities of Baden onto itself, it also served to generate a certain form of experience which perpetuated itself in altered and partial forms outside the asylum. Roller and his colleagues forged an environment at the asylum that was conducive to the ordering of *Gemüth* and thereby inclined both the asylum population as whole as well as its members individually to appreciate the nuance of experience while delighting in its coherence. Indeed, Roller’s professional credibility depended upon the sustainability of the Illenau experience outside since, from an administrative perspective, the cure of patients had to involve their return to society even though, from a strictly psychiatric perspective, a cure could be operative within the protected sphere of the asylum. The distinct form of sensibility acquired at the asylum could not remain constant after a patient’s departure; any change in the physical and social environment of patients entailed a concomitant change in the configuration of their *Gemüth*. Yet the functionality of *Gemüth* could be

¹Friedrich Glauser. *Matto regiert*. Zürich: Arche Verlag, 1988 (1973), p. 133.

transferred outside of the asylum environment through individuals having heightened receptivity to the diversity and aesthetic coherence of their environment.

The following chapter will summarize the main features of the Illenau experience as described in the previous chapters using the sanatorium experience captured in Thomas Mann's *Magic Mountain* for contrast. It will then examine two ways in which the psychiatry of *Gemüth* practiced at Illenau was influential outside the asylum.

6.1 Illenau Versus the Magic Mountain

Through immersion in the Illenau community, the afflicted *Gemüth* recovered its ability to perceive the variety and nuance of phenomenal impressions, i.e. physical, social and religious, while combining these into a unified totality of experience that gave meaning to one's physical location in space and time, one's responsibilities in the immediate community to which one belonged, one's social position in the world outside the asylum and one's place before God. The Illenau experience was not restricted to the Illenau complex, or the professional context of asylum-based psychiatry or even the disciplinary context of medical practice.

Illenau officials sought to put in place management structures which would enable the asylum community to become a self-perpetuating social order whose members would have the subjective experience of being integral to the institution rather than of being controlled by it. Integrating the heterogeneous elements of experience into a balanced pattern that was neither uniform nor centralized nor codified has been a theme running through every chapter of this study. The *Gemüth* itself was construed as an entity structured according to the patterns of sane experience; it was diffusely spread throughout body and soul and continually reconstituting itself by merging with

surrounding *Gemüths*. Communal cohesion was, from the perspective of Illenau physicians, a product of this ongoing synthesis of psychological reality which occurred between all *Gemüths* at all times and resulted in an overarching mesh of fused *Gemüths*.

Illenau's asylum population was diverse in that it comprised people of different cultures and social backgrounds. Yet this diversity manifested itself in social consensus rather than discord because the asylum's class system allocated patients to wards according to their phenomenal compatibilities. Roller advocated a social system based on aesthetic class, as evidenced by the class of "distinguished ones," instead of social class and engineered the asylum world to be adapted to the sensibilities within each aesthetic class. As a consequence, the Illenau school of psychiatry, what has also been called the psychiatry of *Gemüth* in this study, was a form of social psychiatry not because it construed individuals as a product of their upbringing and environment, as it is understood today, but because it conflated the psychological reality of individuals and communities into a composite phenomenon of localized aesthetic concord.

The ordering of space and time in asylum life reflected and perpetuated Illenau's aesthetic class system. The asylum's architecture unified diverse orders of experience in a single complex of shared living, working and purpose while its decorative and stylistic language agitated against the monotonous continuity of a large building by breaking up straight lines, individuating spaces and fore-grounding the functionality of its variegated spatial provisions. The landscape around the asylum was selected for its assembly of diverse visual cues into a cohesive panorama that was not romantic or uniform or fantastical. Rather than transporting patients to an imaginary world purged of the material, social and personal conflicts that had contributed to the aetiology of mental illness, Illenau's landscape beckoned them to return to society by invoking an alternative mode of comprehension in which different registers of experience – i.e. light/dark,

high/low, nature/civilization, profane/sacred – were combined “in charming multiplicity.”

The temporal order of asylum life was comprised of a myriad of beats which oscillated between the regularity of the house order and the flexibility of the daily schedule. While the former imposed a single schedule for all members of the asylum population, the latter enabled patients to occupy themselves as they saw fit. The rhythmic integration of these beats was governed by an asylum *Takt* which Illenau physicians construed as a vital force alleviating the monotony of an institutional schedule. Illenau officials construed *Takt* to be, like the *Gemüth* itself, a diffuse, variable and local phenomenon. It was propagated through both individual and communal activity and served to regulate the biological rhythm of individuals, the social interactions between members of the asylum community, the therapeutic encounter and, in short, every aspect of psychiatric confinement. The restorative *Takt* of asylum life was reinforced through musical performances and gymnastics exercises both of which used the rhythmic assembly of sensory elements to project temporal order directly onto the *Gemüth*.

From the perspective of Illenau physicians, aesthetic reeducation was distinct from moral therapy. The term aesthetic reeducation has been used in this study to refer to the totality of arrangements employed by the architects of the Illenau experience to realize these integrating patterns in a technical, administrative and social context. Instead of teaching patients their social duties and rational interest through didactic lessons, which is how Roller and his colleagues construed the moral therapy of their French and English colleagues, they sought to use the formal structure of experience to instil in patients an intuitive sense for the reasonable course of action and an inclination to conduct themselves in a manner that would further the common good. While both methods regulated the relationship between the individual and society, they did so by

very different means. The difference revolved around respective perceptions of the role, status and place of consciousness in the interaction between the individual and society. Moral therapy was filtered through reason and directed its influence towards the comprehension of the individual subject. Illenau's aesthetic reeducation by-passed reason and directed its influence towards the senses and intuition of a collective subject.

Illenau represented an ideal of communal living which encompassed the compound of individual, community, building and soil. For its inhabitants the asylum was something more grounded, organic and self-validating than an institution; it was a *Heimath*. Illenau was called *Heimath* on many occasions, by different members of the asylum community. The *Illenau Weekly* published numerous *Heimaths* poems (*Heimathsgedichte*), nostalgic poems about some home real or imagined and somehow associated with the asylum, which were written by Illenau patients, staff members and doctors. Hansjakob's sentiments are typical of those expressed in the Illenau literature:

What the Heimath was under the rich skies of childhood and during the full phase of life, that is what Illenau became for me during a period of great hardship and exhaustion. In the same way that a person who has capsized will not forget the port which saved him nor a person thirsting to death the oasis in which he found drink and life, so I will not forget Illenau. I bless the day and the hour in which I came here and my only regret is that I did not take the step four weeks earlier. *Vale, nobile refugium, vale*. To this day, three years after my departure, I still think about Illenau with a sort of homesick longing in times of trouble. It is said of the Mauritians on the northern coast of Africa that: "When they are sad, they think of Granada." This proverb means that there is a continual pain that lives in the soul of this *Volk* regarding their loss of Spain and of their magnificent town Granada. With respect to me it can be said: When I feel heavy hearted and sad, I think of Illenau, its curative atmosphere and peace.²

Fink formulated the notion of *Heimath* in rhetorical arabesques borrowed straight from Schelling's philosophy:

²Hansjakob, *Kranken Tagen*, p. 289-90.

The unity of family and *Heimath*, which is naturally grounded in the house, is a historically forged whole of humanity and nature within which a human personality can live and flourish. House is that which has become *Heimath*-like; house is the family embodied.³

This was not merely an abstract tenet of Fink's theological *Naturphilosophie* since, in his monograph on the role of religion in psychiatry, he labelled the Illenau-style asylum a "*Normalgesundheitshaus*," a "house of equilibrated healthy being." This neologism concentrated in a single word a theory of psychological well-being in which *Heimath* occupied a central position.

Even the asylum's name, Illenau, was infused with the spirit of *Heimath*. Most asylums were simply called *Irrenheil- und pflegeanstalt* of the nearest relevant town, in this case Achern. Such names were, however, ugly and cumbersome whereas Roller frequently reminded his readers that the name 'Illenau' had been coined for its idyllic sound from the near-by river 'Ille' and 'au,' a word for clearing or field. Contemporaries regularly referred to the asylum as 'die Illenau' since institutions take the feminine article in German and, to this day, Illenau is innocently referred to as 'die Illenau' in most secondary literature. Yet in 1869 asylum officials published an article in the *Illenau Weekly* informing readers that it was incorrect to use the feminine article. The asylum's name, they argued, is like other place names *genus neutrius* and thus to be called 'das Illenau' or simply 'Illenau.' It is revealing that asylum officials insisted the asylum be referred to as a place rather than an institution since only a place could serve as the locus of *Heimath*.

When the asylum acquired its own cemetery in 1867, the ideology of *Heimath* was reinforced through the culturally potent ritual of burying the dead. The placement of

³"Die Einheit von Familie und Heimath als deren natürlichen Boden ist das Haus, ein geschichtlich gewordenes Ganzes von Menschheit und Natur, worin eine menschliche Persönlichkeit lebt und wirkt. Haus ist die heimathlich gewordene, die im Haus verkörperte Familie." Ehrenfeuchter, *Nachlaß*, p. 171.

tombstones serves to demarcate, as Michel Serres has shown, the relationship between individuals and the land they inhabit. At Illenau the cemetery was located adjacent to the asylum and landscaped in the style of a Caspar David Friedrich painting of a cemetery. A wide array of trees specially imported from around the world were planted on its grounds to betoken the diversity which was valued in asylum life. While the cemetery accommodated Illenau patients, doctors, employees and their family members, it distributed them on the grounds according to their aesthetic class affiliation. Pensioners's graves were placed on an elevated position at the front of the cemetery and decorated by tombstones of carved stone frequently imported from their place of origin. Paupers received a wooden cross and were buried on a lower position to the back of the cemetery. Sectarian divisions were not recognized in the allocation of graves. Roller insisted that Catholics and Protestants be placed side by side against the wishes of the Catholic elders who had demanded that a religious wall be erected within the Illenau cemetery.⁴ The graves of former members of the asylum community who had died before the asylum acquired its own cemetery were moved to the asylum cemetery posthumously. Moreover, anyone who had once been a member of the asylum had a right to be buried on the asylum grounds. Neither death nor cure could sever the bonds of *Gemüth* that tied inhabitants to the experience of the Illenau community; the cemetery underpinned the collective *Gemüth* of the Illenau population with an inviolable physical foundation.

Illenau represented a particular 19th century conception of *Heimath* quite unlike the Nazi conception of *Heimath* which could only be acquired as a birth right being as it was defined in terms of ancient blood and soil relations. Illenau's *Heimath* was, by contrast, defined in terms of a functional relationship between the individual, community,

⁴Lötsch, *unpublished manuscript*.

building and soil that could be cosmopolitan, contingent and fabricated. A similar notion of *Heimath* has been studied by Celia Applegate who traces the origins of the *Heimaths* debate in Germany to the second half of the last century. On Applegate's interpretation, *Heimath* was associated with wide-spread social concern over how to maintain the cultural autonomy of local communities in a unified German nation. She demonstrates that *Heimath* became a psychological vehicle for extracting a common German identity from the diversity of regional experiences and loyalties by which that identity was to be constituted. Instead of forcing the different Germanies to embrace a single cultural ideal, the *Heimath* concept enabled those who espoused it to acknowledge their cultural differences while locating their commonalties in a shared frame of mind, consisting of a common longing for a state of oneness. The early *Heimaths* concept was, according to Applegate, a means of channelling this shared longing while maintaining actual regional diversity.

At Illenau the psychological direction in which Applegate's concept of *Heimath* operated was, however, reversed. Instead of funnelling existing longings for oneness into an abstract concept like *Heimath*, Illenau physicians erected a physical and social order which reified *Heimath* and thereby stimulated dormant longings. Roller's asylum, designed to regulate the movements of *Gemüth* "in all of its tender stirrings," can also be understood as an instrument for generating *Heimath* in the only place in which, according to Applegate, it could dwell in the 19th century, namely the soul. In contemporary German parlance, Illenau would be called "*a zweite Heimat*" (second *Heimath*), a phrase used to distinguish the birth-right *Heimath* in the 20th century sense from an adopted *Heimath* in the 19th century. This phrase never arises in the Illenau literature, however, since no such qualification of the experience of *Heimath* was required. *Heimath* was associated with the state of the well-ordered *Gemüth*; it was the place which induced that

state. Whether that place was the creation of a psychiatric mind or the result of centuries of land cultivation was irrelevant from the perspective of *Gemüth*. Just as we might say in a sentimental mood that “home is where the heart is” so, at Illenau, *Heimath* was where the *Gemüth* was.

To set off the distinctive features of the Illenau experience in greater clarity, it is helpful to contrast it with the experience captured in Thomas Mann’s *Magic Mountain*. Mann’s tale is set in the International Sanatorium Berghof, a tuberculosis clinic in the Swiss Alps, and tells the story of the transferral and treatment of a wealthy young man from Hamburg, Hans Castorp. At first glance, Castorp’s experience seems virtually interchangeable with that of the upper class patients at Illenau. Both establishments provided medical treatment in the institutional setting of an isolated sanatorium, both provided their inhabitants with elegant surroundings, in fact one of Mann’s character’s refers to the Berghof as a “pleasure resort,”⁵ both attracted an international clientele and both cultivated a therapeutic way of life outside the boundaries of normal society. Although they treated different disease entities, the Berghof catering to somatic illness and Illenau to mental illness, both establishments modelled their treatment method on the *Kur* emphasizing diet, rest and relaxation instead of medication.

Despite similarities in the therapeutic practices developed at the two institutions, Roller’s Illenau and Mann’s Berghof existed in different theoretical and phenomenal frameworks which imparted to these practices a unique psychological quality. Illenau embodied a belated *Biedermeier* impulse towards spiritual harmony in a fragmented Germany whereas the Berghof represented the spiritual malaise preceding world war one in a unified Germany. For almost every aspect of the Illenau experience, Mann’s Berghof

⁵Thomas Mann, *The Magic Mountain*. Translated by H. T. Lowe-Porter. London: Minerva, 1996, p. 220.

generated an equal and opposite experience. Whereas Illenau catered to all sectors of society, the Berghof attracted a select clientele comprised of only those patients who could afford its services. While Illenau segregated its patient population, the Berghof imposed no social divisions by sex, class or curability so that Castorp frequently resented the company he was forced to keep during meals, walks or gatherings and patients are shown entering and leaving each others rooms at all hours of the night. When social divisions did arise at the Berghof, they were a result of patients avoiding each other's company rather than administrative measures.

The temporal and spatial parameters of the Berghof were comparable to those at Illenau and yet they were filtered through different phenomenal categories. The landscape around the Berghof was, like that of Illenau, secluded and surrounded by rising mountain slopes. Yet, in Castorp's perception, the landscape was at its most exquisite after a snow storm leaving the area around the Sanatorium carpeted in a uniform covering of white snow. Mann dedicates an entire chapter of the *Magic Mountain* to tracking Castorp's journey through the snow and the psychological delight he took in the obscured contours of the landscape. The relationship between Castorp's senses and his natural environment contrasts sharply with the manner in which Illenau physicians configured that relationship. Instead of revelling in the stimulating heterogeneity of visual polarities as displayed outside Illenau's windows, Castorp yearned for the uniformity of a white expanse.

Organizing the passage of time was a major challenge facing the members of both communities where institutional time was perceived to be caught in the iterative cycle of an extended present. The use of music in the daily life of the Berghof was, as in Illenau, a measure introduced to disrupt the monotony of this present. Yet again Castorp's experience of the music was antithetical to the experience summoned at Illenau. Instead

of a live musical event collectively relished, Castorp controlled the means for producing recorded music for his private consumption since he was in charge of the Berghof's phonograph. Although Castorp was responsible for playing recorded music to small gatherings of patients, he greatly preferred listening to the phonograph late at night, alone and undisturbed:

Hans Castorp was alone among four walls with his wonder-box; with the florid performance of this truncated little coffin of violin-wood, this small dull-black temple before the open double doors of which he sat with his hands folded in his lap, his head on one side, his mouth open, and let the harmonies flow over him.⁶

This was a musical experience purged of all collectivizing tendencies. Carmen, for example, was one of Castorp's favourite compositions and he "played this single record over and over, and listened with the deepest participation."⁷ Castorp was evidently not moved by the power of musical notes to arouse a sense of collective harmony through the shared experience of a concert. Listening to music at the Berghof was, like gazing upon its snow covered landscape, an exercise in reinforcing the singularity of sensation rather than appreciating its diversity.

At Illenau the passage of time was suspended in order to enable patients to reorganize their vital energies and to restore their receptivity to each moment. At the Berghof the passage of time was suspended in an attempt to arrest the progressive demise of incurable Tuberculosis.

What was one day, taken for instance from the moment one sat down to the midday meal to the same moment four-and-twenty hours afterwards? It was, to be sure, four-and-twenty hours – but equally it was the simple sum of nothings. Or take an hour spent in the rest-cure, at the dinner-table, or on the daily walk – and these ways of employing the time-unit practically exhausted its possibilities – what was an hour? Again, nothing. And nothing were all these nothings, they were not serious in the nature of them, taken together. The only unit it was possible to regard with seriousness was the smallest one of all: those seven times sixty seconds during which one held the

⁶Ibid., p. 642.

⁷Ibid., p. 648.

thermometer between one's lips and continued one's curve – they, indeed, were full of matter and tenacious of life; they could expand into a little eternity; they formed small concretions of high density within the scurrying shadows of time's general course.⁸

Mann's tale is located in the weeks before the first world war and ends when Hans Castorp finally leaves the arrested time of the Sanatorium for a certain death on the battle field. There is no mention of *Gemüth* anywhere in the story and a sign post to the theoretical framework existing at the Berghof is provided at the very beginning when the reader learns that "psycho-analysis" features at the Sanatorium amongst other treatment methods.⁹ In Roller's world, patients and employees were taught to fashion experience into forms conducive to lived well-being and sanity by assembling the various moments of each day into an integrated *Takt*. In Mann's world the reader learns that life itself is a form of creeping tuberculine illness towards an inevitable death that will come sooner or later no matter how one assembles the available moments in between.

6.2 Illenau Unbound

Patients carried the asylum experience into the world outside through the structure of their sensibility. Indeed, asylum officials associated the continued mental health of former patients with their ability to keep the structure of that experience palpable to themselves in their daily lives and to reproduce its forms through the operations of their restored *Gemüth*. Letters written by former patients frequently mention carrying some piece of the asylum community in their hearts, or minds, or *Gemüths* and, as evidenced by the entries in the *Weekly* chronicle section, many patients would return to visit their

⁸Ibid., p. 288.

⁹Ibid., p. 9.

former asylum companions.¹⁰ The telegraph image introduced by Christian Roller and mentioned in the chapter “*Was ist Gemüth*” to describe the fusion of *Gemüths* through social interaction, also appeared in the letter of a patient who found upon her release that her psychological reality continued to be linked to the life on her ward at Illenau by “thought telegraphy:”

Am I simply imagining it or is there really such a thing as thought telegraphy to which I am perpetually responding. Everything which I perceived today was accompanied by the following thoughts: “now they are doing this or that in F2.” Earlier I caught myself harbouring the critical thought: “Now Christine wants to go on a walk again even though it is so warm! oh well, she is not to be stopped!” Oh how upset I felt when I left you! my heart was so full of gratitude for all of the love that I had been shown and for which I send you a heartfelt “God be with you.” Departing was so painful especially since one steps out of the protective custody of the asylum into the cruel world!...Wherever I go and look, in the field and in the clearing, I see Illenau and greet you a thousand times over! Since leaving you, I have experienced the multifarious beauties of God’s nature and diverse forms of generosity. But when I want to treat my soul to a restorative rest I wander in spirit to you in Illenau.¹¹

This image of projecting the Illenau experience into the world outside the asylum as if by psychological telegraph shows how portable the experience was perceived to be by those who had been aesthetically restructured. Material and linguistic mementoes served to reinforce the spiritual resilience of the aesthetically reeducated in the disordered world outside the asylum. A poem written by Ernst Fink, the asylum’s Protestant preacher, entitled “On Returning Home” (*Zur Heimkehr*), handed to patients as a keepsake upon their departure,¹² identified early symptoms of mental illness and gave pointers on how to maintain spiritual balance. Another poem extended a promise in rhymed couplets that

¹⁰In August 1868, for example, ten such friendly visits are reported. IW, Nr. 34, 1868.

¹¹IW, Nr. 42, 1878.

¹²“Ernst Fink” in: *Badische Biographien*, vol. I, p. 249.

patients would always belong to the asylum community, the implication being that one could never fully leave the asylum: "once an Illenauer always an Illenauer."¹³

The Illenau experience was also disseminated by the professional activities of its employees. So, for example, Roller and Fink, the asylum chaplain, together founded an association called the *Innere Mission* which spread the ideal of an Illenau-style community of *Gemüth* to the wider population of Baden and beyond. This association upheld central beliefs of the Illenau experience without being able to enshrine those beliefs in a controlled physical and social environment. In addition, Illenau's younger generation of medical graduates, Schüle, Frese, Kirn and Krafft-Ebing to name but a few, applied the training they had received at the asylum, and the experience they had absorbed living in the asylum community, in various ways. It will not be possible to characterize the long-term effects of the Illenau School on their work in general because their individual contributions have hardly been assessed in the secondary literature. But one facet of the later work of one of these graduates, namely Krafft-Ebing's *Psychopathia Sexualis*, will serve to illustrate the complex forms in which the Illenau experience could be carried outside its institutional setting. Even though Krafft-Ebing trained in Illenau's psychiatry of *Gemüth*, his perception of sexual inclinations positively undermined the *Gemüth's* based understanding of human inclinations, sexual or otherwise. Yet his Illenau years are echoed in his selection of empirical data and the arrangement of that data since his first professional encounter with wide-spread and painstakingly documented aberrant sexuality had been on the wards of Illenau.

¹³"Ein Gast in Illenau." In: *Durch Leid zur Freud, Gedichte von Ernst Fink*. Karlsruhe: Friedrich Gutsch, 1870, p. 27, especially the concluding stanza of the ten page poem.

6.2.2 Krafft-Ebing and the Great Chain of Sexual Being

Other elements of the Illenau experience were transmitted outside the asylum through the work of Richard von Krafft-Ebing who trained at Illenau on a voluntary basis for three months in 1863 and then entered employment as a junior doctor from 1864-1868.

According to his biographer, Renate Hauser, this period left such a deep impression on Krafft-Ebing that he later tried to recreate the material conditions of Illenau's institutional situation in the exclusive *Mariagrün*, an establishment built to his specifications.¹⁴ Although it would lead too far to untangle the many strands of influence leading from the Illenau years to Krafft-Ebing's later work, it is revealing to isolate one particular strand, i.e. the trajectory which culminated in the *Psychopathia Sexualis*, not so much for what it reveals about Krafft-Ebing but for the light it sheds on the situation at Illenau.

The world of Illenau and of the *Psychopathia* were assembled from common elements of experience, that is to say the sexual conduct of Illenau patients is documented in the case studies of the *Psychopathia*. Yet Illenau's patient records and the case studies of the *Psychopathia* are informed by a different conception of sexuality. Although some of the cognitive and empirical conditions for the *Psychopathia* were anticipated in Illenau's *Gemüths*-culture, the theoretical framework of Krafft-Ebing's book banished *Gemüth* from its pages. At Illenau sexuality was a natural function of the *Gemüth*; it was one force amongst many others constituting the psycho-physical balance within an individual and regulating the interactions within a community. Krafft-Ebing's

¹⁴ "Richard von Krafft-Ebing". In: *Badische Biographien*, p. 317-329, p. 320; Hauser, *Krafft-Ebing*, p. 77.

Psychopathia presented the sexual impulse in its heterogeneous diversity but construed that impulse as neither constitutive of an integrated personality nor of a community. Without the unifying force of *Gemüth*, the sexual impulses contained within Illenau's patient population became fragmented into the myriad of sexual perversions documented in Krafft-Ebing's *Psychopathia*.

The following sections will explore Hergt's treatment of the patient population as a collection of psychological specimens, the systematic disclosure of sexual aberration in Illenau's patient records and the erotic dynamics within Illenau's asylum population. It will then conclude with a discussion of the *Psychopathia* was invoking a model of sexuality that was an extension of yet profoundly at odds with the sexual dynamics at Illenau.

6.2.2.1 Preparing Soul Specimens

Hergt had a collector's cast of mind, an inclination which found expression in his early training as a botanist and later in his work as a psychiatrist. Before opting for a medical degree, he apprenticed as an apothecary; this course of study required extensive familiarity with plant types and their medical properties. Even after switching to medicine, Hergt continued to take an active interest in botany. Before assuming a position under Roller at Heidelberg, Hergt travelled around Europe and devoted several weeks at a time to the collecting and studying of foreign plant specimens, venturing on treks through the Ukraine and Kast for this purpose. Later as an Illenau physician, he offered regular lecture courses on botany to patients and fellow asylum employees. Hergt's window sill on his second floor asylum flat was allegedly crammed with such a

multitude of plants that it was impossible to see a person standing at the window in the summer.

Given his early interests, it is not surprising that Hergt's observational habits in psychiatry bore a distinct resemblance to those of a botanist. His interest in mental disorders was not exhausted in diagnosis and treatment, Hergt revelled in collecting, ordering and documenting the diversity of disorders. Both collecting and taking pleasure in the comprehensiveness of the collection are recurring themes in reminiscences of Hergt's professional activities. An anonymous author of his necrolog wrote:

His psychiatric expertise was really in fact incomparable. We do not go to far by claiming that nobody observed and studied patients the way he did making no differences between them, the acute and the chronic cases, the 'interesting' as well as the apparently monotonous ones.¹⁵

And, as Schüle remembered:

He shared the best results of his observations, gathered over years of collecting and contemplating, with all and everyone, without envy, yes joyously.¹⁶

Roller liked to cast the psychiatrist as an explorer into uncharted terrain. By equating the soul-life with new land and the psychiatrist with a peregrinating explorer, such rhetoric effectively associated mental pathologies with the diversity of natural kinds.

The asylum was, for Hergt, a living collection of specimens each of whom he knew intimately and studied assiduously. Since this collection consisted of human beings, studying them required more than a keen interest and a sharp mind, it required an ability to put his specimens at ease so that they would expose their distinctive traits and properties to his scrutiny. Hergt allegedly made his patients blossom into illustrative medical cases by stimulating their *Gemüth* with *Takt*:

¹⁵"Karl Hergt". In: *Badische Biographien*, p. 182.

¹⁶*Illenauss Goldenes Jubelfest*, 1892, p. 27.

Hergt's outstanding contribution to the creation of this richly articulated individualizing inner life was rooted in his ability to find his way, with a sureness of *Takt*, into the frame of mind and inclination of every person and, in particular, in his naïv, child-like manner allowing him to appreciate the pleasures in the smallest things and to share with enthusiasm the interests of every person.¹⁷

Hergt compiled hundreds of pages of medical records admired for their extraordinary precision and exhaustiveness.

The patient records from those early years are true models of thorough observation, dignifying physical and mental symptoms with equal attention to detail. One sees in every line the epoch-making goal-oriented pioneer exploring new territory by research. The hundreds of pages, often consisting of daily, densely written entries, of which most patient files were composed, demonstrate to this day his enormous assiduousness, youthful exuberance and dedication to research.¹⁸

This is hardly noteworthy in itself since case studies have been a mainstay of diagnostic reasoning since ancient medicine. But for Hergt the case study occupied a special place because it was the only means of insuring the longevity of his collection. Unlike most naturalists, the psychiatric botanist had to assemble written analogues of his collected specimens with their variable condition and proclivity to leave the asylum due to death or recovery. The nearest approximation to the collecting of dried plant specimens for display in a natural history cabinet was to compile detailed case studies for preservation in a collection of medical records.

Hergt trained his apprentice doctors to show a similarly pedantic dedication to detail. Krafft-Ebing took naturally to this instruction and was "extremely diligent in his note-taking"¹⁹ turning Hergt's "individual case study approach" into "a unique style of case writing."²⁰ But Meyer, another one of Hergt's trainees, complained of having to

¹⁷"Karl Hergt". *Badische Biographien*, p. 182.

¹⁸*Ibid.*, p. 182.

¹⁹"Krafft-Ebing". In: *Badische Biographien*, p. 321.

²⁰Hauser, *Krafft-Ebing*, p. 69-70.

write patient records late into the night, a chore for which he held Hergt personally accountable. Meyer alleged that the excessive rigour of Hergt's methods was a function of his being in charge of the female ward where he was forced to compensate for the natural foolishness of women "whose ideas generally dwell in the lower regions." Elsewhere, however, Meyer justified the assembling of extensive records in terms that sound like a paraphrase of Hergt's views by emphasizing the boundless diversity of pathological kinds and the integral relationship between every part of a spiritual organism to the functioning of the whole:

The spiritual life finds expression in eternally new forms and when it is disrupted the smallest utterance of the same can assume importance by virtue of its insight into and significance for the spiritual state of an individual.²¹

A necrolog of Hergt's older brother contains such a detailed case study of the brother's final illness and autopsy that it was, very likely, penned by Hergt²² who tended to his brother at Illenau for the last two weeks of his illness and was surely one of the few authors who would have perceived the symptomatology of his death to hold nearly as much interest as the achievements of his life.

Hergt's vision of psychiatry was permeated by a fascination with the diversity of the natural world of which the varieties of mental pathology were but one manifestation. It is no accident that an editorial (*Genrebildchen*) he published in the *Illenau Weekly* in 1877 told the history of Illenau through a parable which likened the asylum to a garden and Roller to a horticultural wizard. The editorial will be quoted in full because, in addition to drawing out the analogy between mental pathology and plant pathology, it also reiterated the central tenets of the Illenau School:

²¹Meyer, *Lemgo-Bericht*, p. 92-93.

²²"Dr. Franz Hergt". In: *Neuer Nekrolog der Deutschen*, vol. 29, 1851, p. 674-680.

At the foot of the long range of hills, by the band stand, there appeared many years ago a strange man. At first no one knew what he wanted. He examined the field and the forest and the water, he asked farmers and landlords this and that. Sometimes they thought he was an deft gardener from the valleys who was considering investing in a large garden. Now that was an idea they liked. There were, after all, recognized gardeners in Elsaß who were making some considerable profit cultivating asparagus and roses and plenty more. But, bit by bit, the most peculiar rumours began to circulate; there was talk, the man was not quite right in the head, he has the *idée fixe* of taking all of the plants which are sick and deformed from all of the gardens in the grand-duchy of Baden, the ones which do not quite seem to be thriving at home and to nurture and heal them here in his garden. The town elders can hardly be blamed for shaking their heads in disbelief at the at this unusual gardener who wanted to buy their fields and farm lands, here by the Ille river. But when they heard through the grape vine that the buyer-enthusiast was a most highly respected figure, a head gardener indeed, who was already known to have taken plants which had been declared irredeemable by the most famous horticulturalists, and had bent them back into shape, yes, was even able to cure the rare foreign species and had received heavy gold and many honorary awards, then the town mayor decided that the project was not to be held in contempt and the town elders gave their consent. The full moon has shun over the beautiful field (Au) by the Ille clearings more than three hundred times and eaves dropped on the daughters of the Erl-king as they danced their circle dance and occasionally stole a inquisitive glance into the large garden. Few of the original plants, which the gardener carried to the new premises with him, have stayed in his care. Many were allowed to return to their homes (*Heimath*) where they blossomed and flourished, some had long returned to the dust from which they had been taken. But many thousands came and went and the spaces allocated to the various classes and categories were always occupied. Who could describe them all? How hard it often was to classify them, how much harder yet to treat them?.. There were all sorts of gnarled and peculiar plants and bushes, even a few palm trees and wild apple trees, tender moss and even more tender Mimosas and a whole slew of otherwise lovely plants whose heads would droop down every day. What an incredibly tall order of work our gardener had before him! But it was this area, in the eyes of many a lost area, that was especially close to his heart. Where art and science could no longer exert influence, there his inexhaustible patience and love triumphed. But one issue came to weigh on his soul like mountains. He anticipated with mathematical precision: my garden is getting too small, what will happen then! This care weighed on his mind until one night he began preparing a new plot of land. The grasslice hopping around in the bushes would have liked to have closed their eye lids but they repeatedly heard him sigh and, once when they looked through the leaves, they saw him looking sadly towards heaven. In that night – it was a Saturday – the gardener did not sleep especially well and allowed his thoughts to wander along the road of cares in this direction and that. Sunday did not bring him the usual comfort either and so when he went through his garden he let his own head droop a little. But when, on Monday morning, he looked at his fresh plot, there were very tender little green plants of hope which had sprung out of the ground and artfully woven themselves into words. What does that say? the gardener asked and then he began to spell them out: It is good to trust in the Lord!²³

²³“Is is good to trust in the Lord” (*Es ist gut, auf den Herrn vertraun*) was Roller’s favorite slogan. IW, Nr. 7, 1877; IW, Nr. 8, 1877.

Krafft-Ebing was assigned to work on the female ward under Hergt²⁴ and Hauser devotes the greater part of the second chapter of her dissertation to a description of the influence Hergt exercised over Krafft-Ebing's medical practice:

The legacy of Illenau permeated Krafft-Ebing's later approach to his patients – the individual case method – and most fundamentally his [Hergt's] *Weltanschauung*, a view of medicine as a moral rather than a strictly natural-scientific enterprise.²⁵

Although Hauser correctly emphasized the extent of Hergt's influence, she casts him as a moralizer when, more importantly, he was a collector. It was the latter dimension of Hergt's medical style which percolated into Krafft-Ebing's later work. After all, the *Psychopathia Sexualis* resembles, in its analytic structure, a natural history treatise composed of illustrative case studies. The striking thing is not merely that Krafft-Ebing relied upon the telling medical portrait to characterize particular types of mental illness – this was common practice in medical writing – but that he assembled these portraits into an exhaustive taxonomy of sexual pathologies, thereby creating a written analogue of a catalogue of specimens.²⁶ He adapted the analytic structure of a natural history treatise to medical psychology by dividing sexual practices into various phyla and classes of perversions.²⁷ Unlike his teacher who collected specimens of mental pathology in

²⁴"Krafft-Ebing". In: *Badische Biographien*, p. 318. Hauser, *Krafft-Ebing*, p. 69.

²⁵Hauser, *Krafft-Ebing*, p. 19.

²⁶*Ibid.*, p. 79.

²⁷Krafft-Ebing's work on sexual pathology is frequently associated with Morel and the theory of degeneration. See: Krafft-Ebing, *Badische Biographien*, p. 318. Although there are certainly many affinities between Krafft-Ebing's ideas about cultural decadence and Morel's notions of biological degeneration, their methods of argumentation differed significantly. Morel's arguments are presented in terms of general theories and principles which examples merely serve to illustrate. Only fragments of a patient's history, personality or experience are incorporated in the narrative structure of his argument. For Krafft-Ebing and Hergt the case study is the currency of medical reasoning; it is incorporated into the argument in its entirety, albeit in a highly abbreviated form. For a study of these affinities see: Gunter Mann, *Dekadenz-Degeneration-Untergangsangst im Licht der Biologie des 19. Jahrhunderts*. In: *Medizinhistorisches Journal* 20 (1985).

general, Krafft-Ebing's *Psychopathia* restricted its purview to the collection of sexual pathologies in particular.

6.2.2.2 Concentrated Space and Sexual Disclosure

The pages of the *Psychopathia* reflect the sex lives of Illenau patients. Many of the case studies featured in the *Psychopathia* were distilled from information contained in Illenau's patient records. Although Krafft-Ebing did not specify the precise origins of the cases mentioned in the *Psychopathia*, he claimed that they were based on observations he and his colleagues had made with patients "under their care."²⁸ Krafft-Ebing's case studies, rarely exceeding two pages, were a synopsis of Illenau's patient records, comprising a hundred pages of medical observations or more. As Hauser says:

Krafft-Ebing's case studies...list the patients name, age, occupation, family background, previous afflicted family members, precise admission date, personal history, reason for hospitalisation, appearance of patients during Krafft-Ebing's first consultation, some patient statements verbatim, recommended therapy, progress report and summary of findings upon dissection.²⁹

The information lost in Krafft-Ebing's synopses pertained to the multifarious character of illnesses of *Gemüth*. Krafft-Ebing focused almost exclusively on sexual aberrance which he presented it as an isolated phenomenon. By narrowing his focus exclusively on the sexual dimension of mental pathology, Krafft-Ebing isolated the sexual impulse from the diffuseness of *Gemüth* documented in the Illenau patient records.

²⁸Certainly the following articles which Krafft-Ebing published during his stay at Illenau are explicitly based on the patients he treated at the asylum. "Die Sinnesdelirien" (1864); "Psychiatrische Störungen nach Kopfverletzungen"; "Mania Transitoria"; "Die Melancholie"; "Transitorische Störungen des Selbstbewußtseins" und "Erkenntnis zweifelhafter Seelenzustände." Krafft-Ebing was meticulous about amassing case material. He had a collection of 1500 cases which he referred to as his "accumulated treasures." See: Hauser, *Krafft-Ebing*, p. 464.

²⁹Ibid., p. 78.

Illenau's patient records were particularly revealing with respect to the sex lives of patients because Roller and his colleagues believed sexual behaviour to be closely associated with mental illness and hence showed particular vigilance in observing the sexual conduct of their charges. Roller believed that the sexual impulse was commonly "heightened" in those afflicted by mental illness,³⁰ while Hergt maintained that two-thirds of female patients afflicted with mental illness had lesions of the genital organs.³¹ Hergt did not, however, pathologize female sexuality since he believed that in healthy women there was a circulatory system of sexual energy flowing between the brain and the genital organs. The danger of a sexual impulse dwelt not in its psychological suppression, as it was later portrayed by Freud, but in its unhealthy physical manifestation.³²

The first occasion on which a patient's sexual conduct made its appearance in the medical records of Illenau was in the report of a family member or general practitioner. These reports would often associate an unhappy or premature sexual encounter with the onset of illness or identify sudden changes in the patient's sexual behaviour as symptoms of an emergent mental disorder. As the course of treatment continued, physicians carefully monitored modifications in the patient's sexual inclinations, thoughts and practices. Masturbation, dirty language and lewd sexual displays were practices frequently mentioned in the medical reports of consultant psychiatrists alongside sexual

³⁰Roller, *Grundsätze*, p. 90-91.

³¹Hergt, "Frauenkrankheiten und Seelenstörung". In: *AZP* 27 (1871): 657-672.

³²Hergt conceived of the healthy female body as a system of visceral currents flowing between the brain and the reproductive organs. He attributed a strong sexual impulse to woman and took that impulse to be a natural and healthy expression of a woman's being as long as it circulated freely through the nervous system and found appropriate accommodation in mind and body. Sexual impulses could obstruct the flow of these currents giving rise to hysterical symptoms and causing disturbances in the overall balance of the *Gemueth*. His role was to identify and remove the blockages which caused sexual congestion and, eventually mental illness in his patients. *Ibid.*, p. 661.

dreams and fantasies reported by patients. The sheer frequency with which such observations appeared in the medical records demonstrates that Illenau's practitioners were keenly attentive to manifestations of the sexual impulse and, furthermore, that Illenau patients gave frequent expression to the same.

Illenau was a world of overtly displayed sexual practices and fantasies. Many of the medical records contain sexual confessions written by patients themselves. The recurrence of these personal accounts combined with the evident interest of physicians in the purported sexual basis of insanity gives rise to the suspicion that patients were encouraged to put their sex lives on paper as an aid to the psychiatrist. Since writing was deemed a potentially hazardous activity by Illenau officials and stationery could only be obtained from the asylum's medical staff, the writing of these sexual autobiographies required official endorsement.³³ Owing to practices of methodical disclosure, the sexual proclivities of the Illenau community were far more readily observable than those of the circles of polite society which Krafft-Ebing had previously inhabited. The structure of the *Psychopathia*, with its arrangement of human types along a continuum of sexual pathology, mirrored the sexual disclosure which accompanied asylum life. In this sense, the structure of the *Psychopathia* was prefigured in the rooms lining the corridors of Illenau.³⁴

A few examples will illustrate the variety of sexual impulses manifested and recorded in the Illenau patient records:

³³Roller, *Beziehungen*, p. 177.

³⁴Hauser attributes the taxonomical organization of the *Psychopathia* to Krafft-Ebing's forensic training and interest. Although forensics no doubt also informed Krafft-Ebing's distinctive style of reasoning, it does not suffice to explain why he focused on sexual deviance in particular.

- Carl Blessig (1847-1850) was of Russian descent and a close friend of Lewis von Harder through whose special intervention he gained admittance to the asylum. Blessig's sexual history is reported as follows. He had a love affair with a young woman in Italy which, unbeknownst to the patient, resulted in a child. When Blessig found out, he bequeathed his entire fortune to the woman in question. He continued to have many love affairs but did not have sexual intercourse again. Never satisfied with the affections of one woman, he generally courted several women at a time. Blessig had a tendency to brag of his success with women and claimed to be uninterested in keeping the company of women whom he might marry. He had, for instance, consistently rejected one of his female admirers until she married another man at which point he had an affair with her. When her husband found out, he allegedly committed suicide.
- John Jakob Bristol (1873-1874, 1877) was treated at Illenau on two occasions. He was the off-spring of a wealthy American family and frequently resident in Baden-Baden. Both transferrals of the patient to the asylum were ordered by his family after they learned of his intention to take a wife. In both cases, the women of his choice were deemed to be of uncertain moral character and Bristol himself to be suffering from mental illness and hence incapable of making a responsible decision. After his second course of treatment, Bristol sued Heinrich Schüle, his physician at Illenau; he also wrote mock execution orders for all Illenau officials.
- Albert Curta (1868, 1874-1882) was a portrait artist confined at the asylum for violent behaviour and excessive alcoholism. His medical records show him to have been obsessed with the "lady of my heart." He drew pictures of his beloved, planned their wedding ceremony and wrote innumerable love letters. Interestingly, the "lady" was a composite object of desire consisting of a woman and her son. Curta's sexual

interest extended to both of them simultaneously. One large sheet of paper in his patient records is covered with doodles merging Catholic symbolism, with love verses and miscellaneous lewd comments directed towards both mother and son.

— Karl Erb (1873-1883) was taken to the asylum for indecent behaviour at the school where he was employed and for regular physical attacks on his wife. During part of his stay at the asylum, he kept a 140-page diary entitled “Illenau Experiences in the Years 1873-1876.” The diary begins with an essay on “A Short Description of my Masturbatory-night” in which he nominates himself as speaker for “all who specialize in pollutions” and gives himself the title of “Protector of all Masturbaters” (*Schirmherr aller Onanisten*). Another essay in the diary presents a detailed description of his testicles as evidence that masturbation does not have contrary effects. In a letter to Schüle, Erb accused the asylum staff of feeding him poison to make him impotent in order to cure him of his masturbation. But, as Erb insisted, he does not want his masturbation cured, nor does he think it a sign of illness. In fact, he argued, it is far more unhealthy to be impotent. He also believed that the physicians had magnetized his penis to make it resemble a drill.

— Mathilde Pichler (1855) was the wife of the architect of the Frankfurt asylum and therefore acquainted with many of Roller’s friends and colleagues. Her medical records contain a biography written by her husband which discusses her increasingly slothful management of the household, violent outbreaks and increasing irritation with her husband’s sexual advances.

— Pfarrer Sievert (1842-1844) was one of Illenau’s most famous patients. He was a preacher who suffered from so-called “moral insanity,” that is to say he was

sometimes able to pass his madness off as a form of brilliance.³⁵ Although Sievert died long before Krafft-Ebing's day, he would certainly have heard of the case.

Sievert wrote long tracts on what he called the "natural state" (*Naturzustand*) and used scriptural citations to advocate a form of sexual liberation baffling to his contemporaries. His doctrine was paraphrased by one of Roller's colleagues as follows:

In the natural state all people are allegedly equal, one does not need houses, no beds, no clothes, should allow nails and hair to grow long, neither cities nor villages are needed...The advantages to be expected by people from allowing the uninhibited growth of hair is elucidated at great length; children, for example, would be able to hold on to their mothers braids when bathing in the river and, so, comfortably keep themselves above water.³⁶

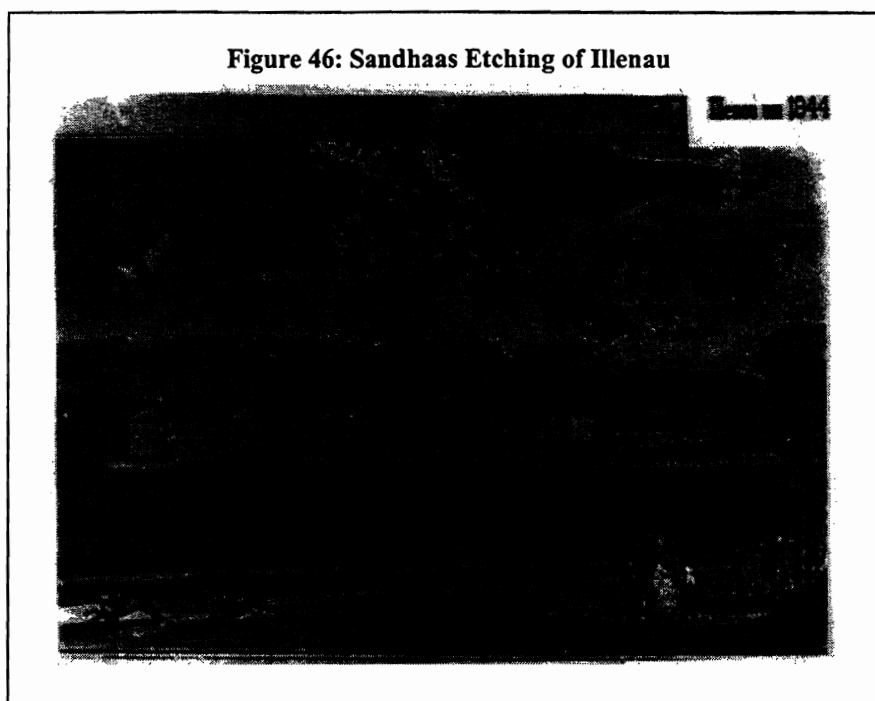
Upon his death, Sievert left behind twelve tracts on his philosophy of the natural state which dwelt with preference on sexual matters. One book "Mrs. Dorothy or the House-Keeping of a Foolish Woman" was a thirty pages study of his sex life with his wife.

Karl Sandhaas (1843-1845) was a painter who, towards the end of his life, lived as a hermit in a forest on the outskirts of Freiburg. Sandhaas's medical records show what subtle forms a patient's interest in sexuality could assume. A picture he drew of the asylum grounds looks, in most respects, quite similar to all other pictures of the asylum grounds including the depiction of a few people strolling around the premises. The

³⁵The Sievert case established Roller's professional position over his predecessor Gross. On the basis of Sievert's writings and a few short interviews, Gross had certified Sievert to be sane. But Sievert's unorthodox theories and alarming conduct so disturbed his congregation that he was eventually confined at Heidelberg. Gross's incorrect assessment of the patient undermined his professional credibility. Sievert's medical record is missing from the Illenau archive. But a detailed description of the case can be found in: Adolf Kußmaul, *Aus meiner Dozentenzeit in Heidelberg*. Stuttgart: Bonz & Comp, 1903, p. 14-26.

³⁶Kußmaul, *Dozentenzeit*, p. 21-22. These passages paraphrased from Sievert bring to mind Heinrich Hoffman's famous Struwwelpeter story about a boy who refused to brush his hair or cut his nails until he looked a complete mess. Although Hoffman does not attribute his Struwwelpeter to this historical model, the analogy between the Struwwelpeter and Sievert's *Naturzustand* is noteworthy. Hoffman would certainly have been familiar with the case since he was an asylum director and close friend of Roller's.

Figure 46: Sandhaas Etching of Illenau



notable difference is that the woman at the front of the picture is pregnant. There are no other portrayals of pregnant women in the Illenau literature and since this woman is shown outside her domestic circle the picture raises uncomfortable questions regarding her marital status. Did the woman become pregnant at Illenau or was she pregnant before her arrival? These implicit questions sexualize the background scene, i.e. the Illenau premises.

6.2.2.3 The Erotics of *Biedermeier* Therapy

Illenau's therapeutic milieu comprised a profoundly eroticized community of patients, physicians and asylum employees which was far removed from the world of consummated sexual passions invoked by Krafft-Ebing's *Psychopathia*. Although the evidence and case study method marked a line of continuity between Illenau and the

Psychopathia, the psychological assumptions of the book constituted a positive rupture with the doctrine of *Gemüth*. Krafft-Ebing emulated the style of Hergt's approach to psychiatry without, however, replicating the spirit of the Illenau School. Whereas Hergt merely viewed aberrant sexual practices as symptoms of mental disorders, Krafft-Ebing used them as a means of indexing types of disorders and, by implication, types of people. This shift of emphasis entailed a reconfiguration of the overall psychological framework within which each of them was operating. Without explicitly dismantling the notion of *Gemüth*, Krafft-Ebing's prioritization of sex invoked a new psychological model, one that linked personal identity to specific practices rather than inclinations of temperament. The *Psychopathia* reduced the aesthetically, socially and religiously constituted collective subject of Illenau to an individuated sexual subject.

Eroticized forms of interaction and experience were positively encouraged by Illenau officials. As long as sexual impulses took the form of diffuse suggestion rather than being materialized in specific events, they could permeate the fabric of communal interactions and, so, be integrated into the structure of its collective *Gemüth*. Bataille characterized the difference between eroticism and sexuality in terms of their respective goals: "Eroticism, unlike simple sexual activity, is a psychological quest independent of the natural goal: reproduction and the desire for children."³⁷ Within the confines of the Illenau community, sexual inclination was seen to be one element of the heterogeneity comprising the natural functioning of *Gemüth*. So, for example, an entry in the *Illenau Weekly* published during the spring of 1879 admonished patients to look out of their windows in order to observe the mating rituals of the birds. The entry painted a picture of a natural, frolicking sexuality:

³⁷Bataille, *Erotism. Death & Sensuality*. San Francisco: City Lights Books, 1957, p. 11.

Now it is time to found a family, build a home and above all else sing oneself a little wife. These wooings from freshly tuned throats penetrate, from a distance, rooms which are still being heated and delight the human *Gemüth* as much as the soundless visits during the winter. And again the inhabitants here demonstrated the affection they have for the singers in the branches. A large number of breeding-boxes were mounted and Mr. D. from E. has deserved real merit for his creation of indefatigable zeal. The birds send their thanks too and have immediately begun to put the boxes to considerable use.³⁸

Reproductive urges were not taboo and there was no prudery about delighting in the overt expression of sexual desire as represented by the birds because, according to the passage, natural sexual urges delight "the human *Gemüth*."

The frivolous tone of the above passage was a literary style commonly employed in the Biedermeier period³⁹ where there was a "discrete acknowledgement of the pleasure of the senses."⁴⁰ One scholar has even argued that "the Biedermeier period was free from prudery as well as sultry eroticism" and that "the sensuous character of *Beidermeier* verse and anthologies is striking." The "same level of openness was not reached for nearly a century again," the same author claimed. The lack of Biedermeier prudery certainly applied at Illenau. The use of the swing was allowed with female patients, for example, even though it was recognized to "heighten the sexual instinct:"

Swinging may only be used with considerable care because it easily heightens the sexual instinct, but it is also especially recommended as a treatment method.⁴¹

Similarly, gymnastics was cultivated even though it had distinctly risqué connotations in Roller's day. Löschke's book, for example, observed that female patient suffer from a high degree of natural shyness and modesty preventing them from executing the movements properly and Roller noted that women who felt "too exposed" by the

³⁸TW, Nr. 19, 1879.

³⁹Geismeyer, *Biedermeier*, p. 49.

⁴⁰Segarra, *Germany*, p. 243-55

⁴¹Roller, *Beziehungen*, p. 207.

exercises "should not be forced to participate in class." In his words, "all that upsets feminine delicacy must be avoided."⁴² The hint of immodesty associated with gymnastics exercise also informed the relationship between the gymnastics instructor and his female patients. An article in the *Weekly* described Jenny-Otto "as the man to inspire a love for this free art form" in the women under his instruction "and to reawaken it over and over again."⁴³ The same article said that at the end of every class his patients were visibly aroused:

By the end everyone was so animated by delight (*Lust*) and joy (*Fröhlichkeit*), that there was rather too much instead of too little fire to be observed.⁴⁴

In colloquial German to be "Feuer und Flame" is a way of expressing enthusiasm as well as romantic infatuation for someone or something, an ambiguity suggestive of the place of erotic impulses in the balanced organization of *Gemüth*.

Erotic tensions were seen to be an inevitable component of the doctor/patient relationship and one which the doctor was entitled to employ for therapeutic purposes. The example of Schüle will serve to illustrate the integral character of the erotic impulse to the doctor's professional persona. Schüle was, by all accounts, the archetype of the romantic hero. In "A Day in the Life of Illenau," he is portrayed as a veritable asclepian Adonis:

The youngest of Illenau's medical elites finally leaves the conference room, a man who still represents the golden age of youth. His presence is appealing and he takes care of himself, as he should, and likes others to take care of themselves. The young doctor with the tight black curls of Titus around his brow still delights in the poets, in walking through forests and hills and in jolly social gatherings and is, therefore, to be classed amongst the Romantics, a school barely represented in Illenau.⁴⁵

⁴²IW, Nr. 33, 1878.

⁴³IW, Nr. 19, 1871.

⁴⁴IW, Nr. 18, 1870.

⁴⁵IW, 1867.

Figure 47: Picture of Schüle



Hansjakob, an Illenau patient who had studied with Schüle at university, found his charms unimpaired after thirty years of asylum duty:

Soon thereafter the director, Dr. Schüle, stepped out of his room. I had not seen him for over thirty years. He had been at the University of Freiburg at the same time as me and was considered to be the most handsome of the three-hundred sons of the muses from that period and to be a classical speaker. Even if we had not met here, I would have recognized him immediately, so little had he changed, even though he had spent all of that time during which we had not seen each other here amongst patients with illnesses of the mind and *Gemüth*.⁴⁶

Ackermann, the asylum accountant, was the most explicit about the erotic dimension of Schüle's therapeutic style. He could allegedly cause the thoughts of his patients to stray in the sexual direction of their pathology more predictably than anyone else on the medical staff. Rather than compromise his psychiatric efficacy, this seductive allure was perceived to be one of Schüle's positive assets:

He was a towering figure of bewitching stature, articulate like Cicero, and in possession of a sparkling, graphic way of speaking; full of enthusiasm for the arts of all kinds, bafflingly versatile, quick in comprehension, at ease in all social situations, in short he was what is commonly called a man of genius. In addition he was a beautiful man whose magic no one could resist, least of all the ladies. Therein consisted his influence on the female patients entrusted to his care. This influence was unlimited and many a phenomenon, that would otherwise be difficult to explain, from the inner life of the asylum can be explained by way of the influence wielded by Schüle, the male, on the female. It was an advantage to the doctor. Schüle never transgressed by even a hairs breadth his responsibility towards the women in his charge. Even the most malicious, libellous pamphlet did not dare to compromise him...When Schüle spoke, I, the new one on the asylum grounds, hung upon his every word (in a woman it would have to be called ecstasy). When he then on occasion slid his fingers through his hair with a gesture unique to himself, a hallow of genius enveloped his beautifully formed head.⁴⁷

The passage not only draws the readers attention to Schüle's physical beauty, personal charisma and beguiling presence, it also makes explicit reference to the "ecstasy" these aroused in his female patients. The event of Schüle's marriage was reported in the *Illenau Weekly* as a Romantic calamity of the first order. The event received an explicitly erotic

⁴⁶Hansjakob, *Krankentagen*, p. 30.

⁴⁷Ackermann, *Erinnerungen*.

gloss revealing the explicit, public and collective nature of sexual attraction in asylum life:

He, to whom so many hearts have flamed in longing and who have finally withdrawn in unrequited, melancholy resignation; he whom duchesses and farmer's wives adored in equal measure; he whom they followed with their eyes as he went up the stairs and down wondering if they would ensnare him for themselves yearning to whisper their sweetest secrets to him; he towards whom tender souls blossomed like the flowers by the side of the road – yes, even he has been caught by unremitting fate, even he will bend himself to the gentle harness. He left on the first day of this month – just imagine, in this cold weather! – for H. in order to, well yes, in order to enter the state of holy matrimony. Now he will be lost to you forever. Once your comforter, councillor, saviour, father, yes father-confessor, now he will no longer have the composure and time to offer you his ear and helping hand 5-10 times a day. You poor darlings! But I do not want to extend your torture. He will be returning after the wedding ceremony, the young groom, and your hot longings will once again be satiated.⁴⁸

The purpose of assembling these testimonies is not to establish whether or not Schüle was an attractive man (although anyone curious to form an opinion on the matter should examine the picture of him as a young man in the appendix), but rather to demonstrate that his attractiveness was perceived to be associated with his psychiatric efficacy and that sexual desire a public affair at Illenau. For colleagues, patients and fellow asylum employees to have been so eloquently complimentary about the winsomeness of a physician reveals the erotic to have been a confirmed component of the Illenau experience. In Ackermann's words, Schüle's sexual power over his patients accounted for "many of the phenomena which occurred in the inner life of the asylum." Schüle was not the only physician to use flirtation for therapeutic purposes. Krafft-Ebing, for example, had a ritual of bringing a single fresh flower to a female hypochondriac every night before she went to bed.⁴⁹

⁴⁸IW, Nr. 49, 1871.

⁴⁹Hauser, *Krafft-Ebing*, p. 69.

Another Illenau physician who mastered the subtlety of therapeutic courtship was Hergt who commented in the *Weekly* on preferring women who combine “elegant simplicity and taste” to ones who cultivate “an extravagant” presentation of which he saw many especially “Parisian ladies” in Baden-Baden. But perhaps, he added, “this is due to my lack of taste in discernment in such matters.”⁵⁰ An article he published in the *Weekly* entitled, “A Tour of the Female Wing” introduced readers to the female patients as Hergt saw them. Ward F1 was a quiet and reserved space where women sewed and knitted. Ward F2 was a salon of sorts that gathered together the asylum intelligentsia with two poetesses, one painter, two piano players and a singer. Ward F3, judging from the description Hergt’s favourite assemblage of characters, was the bohemian ward where almost any pretext sufficed to spark a party. There, the author alleged, “ladies know how to enjoy themselves” with coffee, alcohol and opium. The author of this literary tour clearly enjoyed his charges not merely as patients but also as female companions.

The apparently platonic love Hergt extended to his patients was described by Ackermann in the following terms:

It was touching and admirable to see how, in the healing process, he could attend for hours on end and varied each day to stimulating the awakening spirit of the most finely cultivated lady and the simplest country girl; he understood how to lead bit by bit them in a *gemüthlich* way back to reality...He lived and worked in obscurity; he did not live for himself; he did not live for science. He only lived for his patients. For them he was there, his labours were devoted to them, his inclinations and cares, all his time from sunrise until late at night. In them he flourished and in attending to them he found his life’s fulfilment; so much so, that there was nothing left for other concerns or obligations. Profit and possession held no attraction for him; they were irrelevant to him. He only rated external recognition and rewards, insofar as they documented the admiration of the giver. If, around Hergt, the world came unhinged, he did not take notice as long as his patients did not suffer. He could not separate himself from them. He had to be around them each day by day; an hour directed towards other purposes was an hour wasted. Many a forgotten little lady called him ‘Father’ in child-like trust; and, indeed, his behaviour was fatherly towards these troublesome and oppressed children of the human race for whom fate held so little in store. When bending over their sick beds, he was the comforter with an otherworldly glow. It was touching that many of these poor creatures pleaded to be readmitted in the asylum after having been

⁵⁰IW, Nr. 28, 1876.

released to the plight and cold of home life. "Just for three days, dear Herr Geheimrat! you'll let me come, won't you?" ⁵¹['Herr Geheimrat' is Hergt's title].

Hergt was evidently quite taken with the patients in his care. He even measured the cultural development of nations in terms of their appreciation for the "gentle sex." The Germans and the French, he wrote in the *Illenau Weekly*, do not appreciate them sufficiently but for different reasons; while the Germans are disinterested in women, the French flatter and thereby belittle them. Only in England and America has their true worth been recognized. The value of women was a recurrent theme in the *Weekly*.⁵² Hergt preferred for his ladies to be well-educated and published an article, "Notes on the Education of Women," defending his position in the *Illenau Weekly*. Hergt denied that education left women "deformed" (*verbildet*) rather than "cultivated" (*gebildet*):

Why are we warned about 'Bluestockings' merely because a woman has interests which extend beyond the "baking of a pancake, the knitting of a sock, the playing of a reverie on the piano or the knowledge that Schiller 'wrote several works'.

It is essential that women be educated because, he argued, they sustain the fabric of society:

The woman is the centerpoint of society. You, my dear ladies who recently more or less denied this proposition, will have to accept being told so. You suffer from a modesty too great, my ladies, because you are the demonstration that this claim also holds true for Illenau. So, the woman is the centerpoint of society. Everyone seeks their admiration, their encouragement animates and inspires the most noble pursuits.⁵³

Unlike Roller, who liked to be photographed in the company of asylum officials, Hergt preferred to be photographed in the company of his cherished patients (see pictures in appendix). Although capable of considerable intimacy with the woman on his ward,

⁵¹"Karl Hergt". In: *Badische Biographien*, p. 181.

⁵²IW, Nr. 44, 1874; Nr. 25, 1876.

⁵³IW, Nr. 42, 1868.

Hergt never married. For the last 26 years of his career, he did not even go on vacation for fear of abandoning his beloved patients.⁵⁴

It is difficult to assess whether the erotics of therapy applied to female patients alone or the exclusive mention of female patients was an artefact of the literary conventions of Illenau. The *Illenau Weekly* so persistently cast the relationship in terms of male doctors and female patients that a reader could have easily gained the false impression that Illenau was a single-sex asylum. As editor of the *Weekly*, Hergt even acknowledged this linguistic bias which he attributed to the fact that female patients are “such fair creatures” and hence more deserving literary subjects than their male counterparts. The impression may equally have been a result of the practical circumstances of asylum management where male patients rarely encountered a female authority figure since their physicians and nurses were all male. Only female patients were treated by physicians of the opposite sex.

Illenau doctors drew a clear distinction between erotic stimulation, on the one hand, and sexual stimulation, on the other; this distinction complicated the use of genital inspections with female patients. One of the few articles Hergt published in an official medical journal warned that gynaecological inspections were easily misconstrued as sexual advances. Elsewhere he chastised physicians who were too quick to perform genital inspections.⁵⁵ Exceptions were only to be made in cases where the affliction is obviously caused by an imbalance in the genital organs or a threat of suicide existed.⁵⁶ But once a patient had died, Hergt’s qualms evaporated. He had a firm conviction in the

⁵⁴“Karl Hergt”. In: *Badische Biographien*, p. 181. This claim is confirmed by Hergt’s employment record insofar as he never again applied for vacation. See: SA B 821/1 Nr. 955.

⁵⁵Hergt, “Einiges zur Behandlung der Seelenstörungen”. In: *AZP*, 33 (1851): 803-837.

⁵⁶Hergt, “Frauenkrankheiten”, p. 670.

genital basis of female mental disorders and would seek confirmation of this belief in scrupulous autopsies showing particular vigilance in dissecting the genital organs. It was inevitable that many of Hergt's autopsies involved the corpses of women with whom he had long-standing, intimate relations. The records do not reveal whether or not Krafft-Ebing's mind brimmed with memories of these autopsies when cataloguing cases of necrophilia in his *Psychopathia*.

While sexual desire could be acknowledged at Illenau, it could not be consummated. Illenau's first Catholic priest Xavier Klihr, who was at the asylum from 1844-1848, observed this rule in the breach. Initially, Klihr's personable and warm demeanour with the patients had won him the commendation of his superiors who felt that he was a priest with "particular human qualities." Roller described him as a man "with few social graces" but "true dignity."⁵⁷ When in 1845, Klihr drew criticism upon himself by extemporising on the advantages of political liberation, general elections and free press in a local pub, a fellow priest maintained that he had become "inflamed by the spirit of Pietism which reigns at Illenau and the general excitement in the population."⁵⁸ It was certainly true that Klihr had become "inflamed" by something in asylum life. Whether or not it was the spirit of Pietism, it led to the pregnancy of the female patient, Emilie Hettich.

Once Roller discovered the affair, he asked Klihr to take a long vacation and tender his resignation from afar. Hettich was soon released from the asylum as "cured." That was the end of the affair. Fifteen years later, Markus Vogel denounced Klihr and Hettich to the arch-diocese of Baden for living in sin. During the trial it emerged that

⁵⁷Lötsch, *unpublished manuscript*, p. 9.

⁵⁸Lötsch, *book manuscript*, chapter IV, p. 2.

Klihr and Hettich had reunited after their departure from Illenau. Klihr found employment as a priest in Branden and Hettich joined him there as house-keeper, bearing two children who were kept in foster care. Vogel's motive in denouncing the lovers was to save his own reputation. Vogel was on trial for lechery and one of the prime witnesses for the prosecution was Hettich, who accused him of sexual misconduct towards her. To discredit her testimony, Vogel maligned Hettich's character by betraying the nature of her relations with Klihr. He alleged that she had a history of bringing such charges against innocent priests and named Gross and Rolfuss as two other victims of her accusations:

I can assure you that the house keeper from Branden (Emilie Hettich), is a thoroughly rotten person from whose sinister way of life it is apparent, that she does not hesitate to perform any foul deed, and also does not recoil from giving false testimony.

Neither of the two men named corroborated Vogel's accusations, however. Gross simply remarked that if Vogel was not guilty then he had nothing to hide and described Hettich as a most enthusiastic person:

During a professional visit with the priest in Branden, she saw me and jumped up into the air in the hallway, twisted her eyes and reached towards me with both hands.⁵⁹

Others deemed her to be peculiar but ultimately harmless:

Her reputation has it that she is often careless in her manner of speaking, clowns about and is silly in her demeanour. It sometimes seems, as people say, that she is not quite right in the upper stories.⁶⁰

When the liaison was discovered by the church authorities, they threatened to prosecute Klihr in the criminal courts. But Roller was able to prevent a public hearing of the case on the grounds that it would be damaging to Illenau's reputation. Instead, the

⁵⁹Declaration from Wilhelm Gross, 1. April 1863. In: EBA 2929/3632.

⁶⁰Declaration, 13. April 1863. In: EBA 3330/4795.

case was tried before a closed Catholic tribunal. The records of the proceedings reveal the fate of Hettich prior to her encounter with Klihr.⁶¹ At age fifteen, her mother died and Hettich was coerced by her father to have a regular sexual relationship with him, threatening to commit suicide if she refused. When their relationship was discovered by the authorities, they were both condemned to serve sentences in the work house of Bruchsal. Upon her release, Hettich fell into a profoundly melancholy state over “the misery that had been inflicted upon her by her own father” and was transferred to Illenau for treatment.

Klihr’s testimony regarding his relationship with Hettich provides a glimpse of the most intimate psychological dynamics of asylum life:

In the asylum I met a patient by the name of: Emilie Hettich from Furtwangen. She became ill out of despair and misery. She bewailed her pitiable situation to me and I comforted her and took a special interest in her. She came into my room, where I gave her religious instruction. I was immediately struck by her beauty. She gave me a full look and so it came about that one day I completely forgot myself with her. Later I made accusations against her. But she told me that she had not done it out of lust but rather because she had overheard a conversation amongst her doctors who said, roughly, that if she were to be with child then she, Emilie Hettich, would be cured.⁶²

This confession alludes to the age-old ingredients of desire: “her beauty” and “full look” cause a young priest to forget himself “completely.” But the passage also refers to an economy of desire fairly specific to the Illenau situation. Hettich allegedly overheard Illenau doctors whispering that if she were to become pregnant she would be cured. Of course, we cannot know whether Hettich actually claimed to have heard such talk from her doctors or if Klihr invented this detail to exonerate himself and his lover. If she did, we cannot know whether she invented the episode or not. But regardless what Hettich

⁶¹Her medical records are missing from the Illenau archive.

⁶²Transcript of the interrogation of Klihr, 7. December 1863. In: EBA 10086.

actually heard, it is revealing that Klihr claimed she overheard such medical banter. Klihr's line of defence illustrates that reproductive activity could and was construed as restorative as long as it was expressed under appropriate circumstances. Sexual encounters were not, by Illenau mores, inherently wicked or regrettable; they were, however, problematic in the context of asylum life.

Klihr's reference to sexual banter amongst the medical staff of Illenau was not an isolated case. A similar allusion appeared in Meyer's report on an Illenau Christmas party where he observed how a male patient thought he recognized his wife in one of the female patients and attempted to claim his conjugal rights then and there on the floor of the assembly hall. In Meyer's words:

Something extremely rare occurred, a man and wife met on this occasion. Both were suffering from an optimistic *idée fixe* and greeted each other as honourable heads of state. She was called Lady by him but seemed, nonetheless, to have little interest in accepting him as her husband and, in particular, in granting him his previous liberties to which he had immediately tried to lay claim. The necessity of separating these two as quickly as possible was the only event to disrupt the grand evening.⁶³

Later, when contemplating why the female patients appeared to be more moved by the festive atmosphere than their male counterparts, Meyer speculated that it was the sexual excitement caused by the presence of male doctors and chaplains:

Either the women are not as susceptible to the destructive human passions [as men], or their character preserves a greater flexibility even in this condition [of madness], or the sudden sight of the many men (doctors and chaplains) assembled together caused the thoughts of these unfortunates to wander into the direction towards which they are already inclined, otherwise I cannot account for this phenomenon so strikingly different from the equivalent male ward.⁶⁴

It is irrelevant whether or not these observations accurately reflect the actual events of any specific Christmas party since the mere fact that Meyer portrays the interactions

⁶³Meyer, *Lemgo-report*, p. 113.

⁶⁴*Ibid.*, p. 133.

within the asylum population in such sexually charged terms illustrates that sexual dynamics were focus of public attention at Illenau.

The allocation of blame for the sexual encounter between Klihr and Hettich was governed by the sexual morality of the day. In the above passage, Klihr said that he “reproached” Hettich for the episode. In a character assessment of Klihr, Roller blamed Hettich too. He claimed that there was “absolutely nothing incriminating against” Klihr and Hettich was “the provocation for the offensive relationship.”⁶⁵ In holding Hettich responsible for the sexual encounter, Klihr and Roller repeated the judgement of the legal authorities who had previously condemned Hettich for the incestuous affair with her father. By today’s professional standards, it is the therapist and not the patient, the father and not the child, who carries the burden of responsibility for maintaining the sexual propriety of a relationship. But at Illenau, the patient shared this responsibility. A sexual encounter was believed to involve the collusion of both parties whether they met as consenting adults or in a relationship of dependency. This was an entailment of the erotics of therapy and the merging of *Gemüths*.

The erotics of therapy as conceived at Illenau could only flourish on the condition that the sexual impulse remained at the level of pure suggestion. The affective networks at the core of Illenau’s institutional culture were erotically charged but unconsummated. Such affective networks enabling the population to cohere as a community were inevitable within the walls of an institution like Illenau in which many people spent their whole adult lives. As Bataille has argued, the erotic encounter involves the “dissolution of self.”⁶⁶ Illenau’s doctrine of *Gemüth* was compatible with a cultivated eroticism within

⁶⁵Declaration from Roller, Freiburg 9. April 1863. In: EBA 3143/3924.

⁶⁶Bataille, *Erotism*, p. 17-18.

the asylum community because both were premised upon the coalescence of the self with other selves.

The erotics of the collective *Gemüth* were reflected in the operations of the individual *Gemüth* as described by Christian Roller who construed sensory experience as being the outcome of an erotic dynamic between the *Gemüth* and sensory impressions. Christian Roller's concept of *Gemüth* which was inherently feminine in that he described "self-consciousness" as a "spiritual birth from within." Philosophical speculation was, according to Christian Roller, a form of spiritual birth (*geistige Geburthilfe*) in which the self "gives birth to itself as an I" (*Selbstentbindung*). The dark, deep feelings that precede the rise of self-consciousness, he maintained, are to be understood as "birth contractions." Once the I has been born, it finds unconditional acceptance and confirmation from the *Gemüth*, the mother of all experience.⁶⁷ The reproductive imagery associated with the *Gemüth* had no explicitly sexual connotations; it cast the birth of experience as the result of an immaculate conception occurring within the eroticized depths of the soul.

According to Illness physicians women had *Gemüth* in far greater measure than men. The personal qualities with which this abundance of *Gemüth* endowed women was a direct extension of the qualities pertaining to the entity. Women were, like the *Gemüth* itself, in a state of harmony with nature. They were not driven by the impulse to act, but could placidly exist in a state of responsiveness and "peaceful being-for-themselves:"

Women have more unadulterated nature, more direct connection with the same, because they do not have that active element which effects changes but rather persist in a state of peaceful being-onto-themselves (*Fürsichsein*) absorbing impressions receptively and without apprehension. It to this unbroken nature dwelling in female disposition and bearing the imprint of authenticity that the proud, blond, noble Germanic tribesmen, those rough warriors and hunters, dedicate their admiration.

⁶⁷Roller, *Zeitfragen*, p. 10.

Due to their preponderance of *Gemüth*, women could achieve more easily and fully a state of spiritual cultivation (*Bildung*) than men. In the above mentioned article on female education, for example, Hergt argued that women would benefit more from education than their male counterparts illustrating his claim with an erotically charged bee analogy:

It cannot be denied that woman is in many respects more suited to achieving that state of so-called general cultivation (*allgemeinen Bildung*) than man. For one, he is far too engrossed in a particular science or in a practical profession to be able to wander broadly through those regions which one attributes to general cultivation. In addition, woman possesses the gift of comprehending things in an unmediated fashion, of unreflexive loving empathy, of gracefully integrating all that is, in a higher degree, good, true and beautiful. In this sense, woman is comparable to a bee which sucks the honey from all the sweet flowers in the garden of life. Man examines the flower's colour, size, stem, roots etc., he dissects it, places it under the microscope, but – he does not get to taste the honey.⁶⁸

The elliptical dash at the end of this passage causes the reader to make the mental leap that man does, of course, “get to taste the honey” through woman. Setting the reader up to complete this thought in this fashion was typical of the *Weekly's* language practices and characteristic of the playful eroticism permeating asylum life.

6.2.2.4 The *Psychopathia Sexualis* Extracted from Asylum life

In 1877 Krafft-Ebing published a lengthy article on aberrant sexual practices, “*Ueber gewisse Anomalien des Geschlechtstrieb und die klinisch-forensische Verwerthung derselben als eines wahrscheinlich functionellen Degenerationszeichens des centralen Nerven-Systems*”⁶⁹ In 1886 he revised this material to publish it as a book called *Psychopathia Sexualis*. Like the article, the book had the structure of a taxonomy of sexual pathologies grouping perversions into classes characterized by means of illustrative case studies which varied in length from a paragraph to two pages. The book

⁶⁸IW, Nr. 43, 1868.

⁶⁹For an overview of the various editions, see: Hauser, *Krafft-Ebing*, p. 443-445.

was an immediate best-seller. It was translated into seven languages and went through 12 editions in Krafft-Ebing's life-time, with each edition significantly expanding upon the previous one until it spanned 500 pages. It established itself as the standard textbook of sexual pathology well into the 20th century.⁷⁰

The *Psychopathia* is striking not only for its subject matter and phenomenal success but also for the place it has been allocated in the recent history of consciousness and sexual identity. Portraying the sexual impulse in every possible permutation, the book arguably marked the beginning of sexology as an independent medical discipline and ushered in new standards of sexual explicitness for a restricted circle of medical practitioners. It has also been associated with a distinctly modern configuration of personal identity which places a person's sexual orientation at the core of their psychological reality.⁷¹ Krafft-Ebing coined the terms "masochism" (1886) and "sadism" (1891) to describe sexual practices which reminded him of scenes in the works of the Marquis de Sade and Ludwig von Sacher-Masoch.⁷² Today thriving, capital-generating subcultures have grown around these terms. In Krafft-Ebing's day they created such a furore that Sacher-Masoch sued for libel.

What compelled Krafft-Ebing to write the *Psychopathia*? Some historians have speculated that he and other sexologists turned to the study of the sexual life because "they had some vested interest in the topic of sexual perversions (as some later

⁷⁰Per Klabundt, *Psychopathia Sexualis – die ärztliche Konstruktion der sexuellen Perversionen zwischen 1869-1914*. In: *Medizine, Gesellschaft und Geschichte* 13 (1994), p. 107-130, p. 109. See also: Wettley, A.-M. *Von der 'Psychopathia seexualis' zur Sexualwissenschaft*. Stuttgart: 1959.

⁷¹Foucault has described the historical process by which sexuality came to identify the individual psychological subject in Western thought. Michel Foucault, *The History of Sexuality*, vol. 1. Translated by Robert Hurley. London: Penguin Books, 1976.

⁷²Krafft-Ebing, *Badische Biographien*, p. 323.

researchers, such as the homosexual Magnus Hirschfeld or Havelock Ellis did)."⁷³ But such speculation has little explanatory value and misses a critical component in Krafft-Ebing's professional development, namely the formative years he spent at Illenau. Two of the most striking things about the *Psychopathia* are its subject matter, focusing exclusively on aberrant sexual practices, and its reliance on pithy case studies for illustrating each case. These features of the *Psychopathia* can be traced to Krafft-Ebing's apprenticeship at Illenau where he encountered a community of sexual disclosure and came under the tutelage of Hergt whose collector's mentality emphasized the telling sexual detail. This does not give a full answer to the origins of the *Psychopathia*, which was not only a book but also a socio-historical phenomenon.⁷⁴ The book could not have sparked the reaction it did, if the reading public had not been primed for a text of its kind. The final structure of the *Psychopathia* would not, however, have been what it was, if Krafft-Ebing had not been thoroughly steeped in the psychiatry of *Gemüth* and had access to the sexually explicit case records of Illenau patients.

The model of sexual inclinations at Illenau was fundamentally different from the one instantiated in the *Psychopathia*. Whereas the Illenau community was bound together by a diffuse and publicly acknowledged eroticism, the *Psychopathia* evoked a society fragmented by a plethora of covert sexual encounters. While the former revolved around an apparatus of manners governing overt erotic suggestion, the latter presumed the existence of a web of illicit, sexual acts. Illenau's public sphere was eroticized by virtue of presuming that sexual desire takes normal forms which can be publicly acknowledged

⁷³Hauser, *Krafft-Ebing*, p. 356-357.

⁷⁴Klabundt, p. 107. Klabundt attributes the popular reception of the *Psychopathia* to three main factors: 1) the decline of 19th century moral medicine and the rise of a positivist approach to psychiatry; 2) the professionalization of sexology; 3) the discovery of the unconscious.

but not privately acted upon. The *Psychopathia* was sexualized by virtue of implying the opposite, namely that sexual desire takes aberrant forms that are not acknowledged in public but regularly acted upon in private. As Hauser remarked:

There is a distinct discrepancy between the paradisiacal world of the Illenau with its idealist vision of lunatic cure and care, and Krafft-Ebing's later specific interests that included the sodomites and necrophiliacs of Syria.⁷⁵

The discrepancy identified by Hauser is primarily the result of the shifting place of sexuality in the configuration of personal identity. Krafft-Ebing's "scientia sexualis" replaced Illenau's "ars erotica."⁷⁶ As Arnold Davidson has asked: "We are all potentially perverts. How has this come to be?"⁷⁷ Sexual impulses had a complex role in the doctrine of *Gemüth*: they were a symptom of mental illness, they were an element of the cure, and they were a necessary component of the doctor/patient relationship. But sexual impulses were not an indexing device for classifying different types of people. Once Krafft-Ebing had adopted sexual aberrance as an indexing device he invoked a model of self characterized by salient individual traits, specifically sexual traits, rather than by the phenomenological configuration of *Gemüth*.⁷⁸ This shift of emphasis created a chain of sexual being which implicated not only those depicted in the *Psychopathia* but also the general population in its indexing logic. Given the shift in the model of self implied by

⁷⁵Hauser, *Krafft-Ebing*, p. 76.

⁷⁶See: "Scientia Sexualis." In: Foucault, *Sexuality*, p. 51-73.

⁷⁷Arnold Davidson, "Closing up the Corpses. Diseases of sexuality and the emergence of the psychiatric style of reasoning." In: *Meaning and Method. Essays in honor of Hilary Putnam*. Edited by George Boolos. Cambridge: Cambridge University Press, 1990, p. 295-325, quote on p. 297. See also: "Sex and the Emergence of Sexuality". In: *Critical Inquiry*, autumn (1987); 16-48.

⁷⁸My reading of several editions of the *Psychopathia* has not yielded any sightings of 'Gemüth' or 'Gemüthskrankheit.' If the word does appear it is so infrequent in the *Psychopathia* as to be negligible in comparison with its prominence in the Illenau literature.

Krafft-Ebing's *Psychopathia*, its appearance in 1886, shortly before the end of the Roller-era, was uncannily timely.

6.2.1 Missionary Psychiatry

In the aftermath of the 1848 revolts, Roller and Fink mounted a concerted effort to call into being an association for social welfare and political reconciliation. The association was to be called "Inner Mission for Baden" with a decided emphasis on the first word of the title; this association was to carry spiritual support to the general population as opposed to the so-called "Outer Mission" which provided material support in the form of soup kitchens, accommodation and clothing. Throughout the German territories local efforts were underway to create associations with a similar remit. In fact, a General German Association for Inner Mission (*Allgemeine Deutsche Verein für Innere Mission*) had already been called into being; it defined the guidelines and regulations for local associations wishing to acquire the coveted "Inner Mission" label for themselves.⁷⁹

In 1849, in the immediate aftermath of the revolts, Roller and Fink formed a steering committee consisting of five members under their leadership.⁸⁰ Ideas for such an organization had preoccupied both men for some time, in fact it was the cause of their initial meeting. Fink had become acquainted with Roller's brother because they were both members of a group called the "Awakened Ones" (*Erwachten*) who met several

⁷⁹For an association to be called a *Verein* and to be considered a local branch of a larger established *Verein* brought certain advantages with it, for example, the right: to collect membership fees, to publish in the association's journal and to hold public meetings. *Vereine in Deutschland: vom Geheimbund zur gesellschaftlichen Organisation*. Edited by Heinrich Best; with a literature review by Helmut M. Artus. Bonn: Informationszentrum Sozialwissenschaften, 1993, bibliographical references, p. 223-252.

⁸⁰Lötsch, *unpublished manuscript*, p. 18.

times a year to discuss the possibilities of spreading the Protestant faith.⁸¹ Roller and Fink were directly responsible for drafting the statutes, formulating the aims and writing articles promoting the planned association.⁸² Dissent soon began to show amongst members of the steering committee, however. Opinions divided over two conflicting models of what a Mission should be. Roller and Fink believed that faith was non-denominational, the other group maintained that faith could only be manifested in terms of one particular confession, i.e. Protestant or Catholic.⁸³

According to Roller and Fink, the revolts had been tantamount to a form of social madness, the symptoms of which included: “unfathomable delusion of the *Gemüther*,” “Tarantella-like frenzied movement,” “meaningless rages” and “general contagion.”⁸⁴ Although similar metaphors often figure in political rhetoric invoking the body politic, it was in this instance not an empty metaphor but a metaphor filled with concrete associations of asylum life with which the speakers were intimately familiar. Roller and Fink hoped to redress the recent political events by the same means they employed with their patients, namely stimulating the operations of *Gemüth* through fostering communal cohesion. They championed the creation of a “community of faith” (*gläubige Gemeinde*) which advocated spiritual unity over religious doctrine. Catholics, Protestants and even non-Christians should be allowed to join the association and receive its support, they maintained; this would bring a hitherto unknown degree of political stability and social

⁸¹Lötsch, *Anfänge*, p. 19.

⁸²Der Verein für innere Mission nach seinen Grundlagen, Ordnungen und nächsten Aufgaben. In: Lötsch, *unpublished manuscript*, p. 77.

⁸³Ibid., p. 10-40.

⁸⁴Lötsch, *Anfänge*, p.57.

cohesion to the nation. The general purpose of the Mission was fairly uncontroversial and agreed by the committee to be as follows:

The Protestant charity organization has the aim of working against the moral deterioration of our Volk, to identify the origins and manifestations of this deterioration and to bring it to the attention of other and, finally, to discover means of combating this development and to apply them.⁸⁵

But the question of what means should be adopted to arrest the so-called “moral deterioration” (*sittliche Verderben*) created serious controversy leading to a rift that split the association into two competing factions, one centered around Roller and Fink, the other around Karl Eichhorn von Nußloch. Both factions sought to increase their membership and both petitioned to the over-arching *Verein* to win the concession of calling themselves Baden’s *Inner Mission* which entailed the right to collect membership fees. In the end, the model proposed by the Illenau group won.⁸⁶

Once the denominational issue had been decided in favour of Roller and Fink, the two parties began to patch up their differences. To entrench their vision of the Mission in its administrative structure, Roller and Fink immediately placed their friend Lewis von Harder, a Russian Jew, in charge of the Mission’s journal, *Die Fliegenden Blätter*. In 1851, Fink gave an inaugural speech to the members of the newly formed association invoking the same values as those promoted by the Illenau School of psychiatry, isolation and segregation were to be avoided, unity pursued:

- ~ What we need is unification!...that has to this point been strikingly missing in the inner mission! The core evil of Baden, yes indeed Germany is isolation and segregation and it has acted as a constraint on us too.⁸⁷

⁸⁵Lötsch, *unpublished manuscript*, p. 88.

⁸⁶*Ibid.*, p. 108, 132.

⁸⁷ *ibid.*, p. 196

Fink said that missionary preaching must be done through “the force of a loving personality” and “with deeds not systems.” He wanted the effects of the Mission to be felt, like those associated with asylum life, “directly from life.”⁸⁸ A pamphlet published in 1849 implicitly associated the Mission with Illenau by comparing the association with the construction of a purpose-built institution replacing the rule of terror with the rule of peace:

Help us clean away the debris and decay of plights and sins, old and new...Help carry and join together the building blocks for a better future. The Great Builder is calling! He is the one salvation for all plights...in whose presence a *Volk* of terrors should become a *Volk* of peace, and a world of death should be transformed into a garden of life.⁸⁹

The Mission, as conceived by Roller, was to inculcate a kind of inner “moral” freedom in the population as a whole that, like the freedom exercised by patients at Illenau, was a freedom defined in terms of co-operative behaviour and collective interest:

Far more important, than to expand the circle of outer freedoms is, it seems to me, the consolidation and strengthening of inner, moral freedoms. The other ones can only flourish if these provide the foundation. Many of the demands of the radicals are mere castles in the sky.⁹⁰

Finally, with respect to the administrative structure of the Mission, Roller insisted that the religious director had to have sole control over the activities of the association since intervention by bureaucratic authorities would compromise the Christian spirit of the venture. This mirrored Roller’s earlier negotiations for a doctor to serve as sole director of Illenau.

Roller and Fink hoped that the activities of the Mission would rearrange the demographics of Baden replacing the isolated, religious communities in adjacent regions with an even distribution of Protestants and Catholics living in mixed communities, a

⁸⁸Ibid., p. 130, 148.

⁸⁹Ibid., p. 124.

⁹⁰Lötsch, *book manuscript*, chapter IV, p. 6.

demographic pattern that had already been achieved within Illenau. Patients of both confessions inhabited the different wards and, later, when the asylum acquired its own cemetery, they were also buried side by side, after Roller had petitioned for permission to do so. Religious feeling exercised a direct influence on the state of *Gemüth*, it was one of the impressions on which the *Gemüth* gorged and from which it fashioned experience. At the level of a *Volk*, religious feeling had to be shared in order for the movements of the collective *Gemüth* not to be obstructed.⁹¹

A promotional poster entitled “Mission World” (*Missionswelt*) was designed and commissioned by Fink in 1850. In the center stands the figure of Christ surrounded by figures representing the verses quoted around the edge of the etching. This iconographic kernel is flanked by thirteen pictures of institutions belonging to the *Innere Mission* as conceived by Fink: an orphanage in Halle, a charity called “*Das Rauhe Haus*” near Hamburg, the Bethanien hospital in Berlin, and Illenau to name but a few. Each institution is portrayed with people roaming its grounds, thereby drawing the spectators attention to the fact that the Mission designated a community of *souls*, not just a loose association of *institutions*. The captions framing the image specify additional institutions affiliated with the Mission: the psychiatric caption, for example, mentioning the asylums of Kaiserswerth, Siegburg and Winnenthal. The thirteen hubs of spiritual betterment were to serve as anchors from which to disseminate the Mission’s ideal of a community of faith. Strikingly, the institutions depicted are exclusively from German-speaking territories and, for the most part, southern German States⁹² implying that the particular

⁹¹Lötsch, *unpublished manuscript*, p. 100.

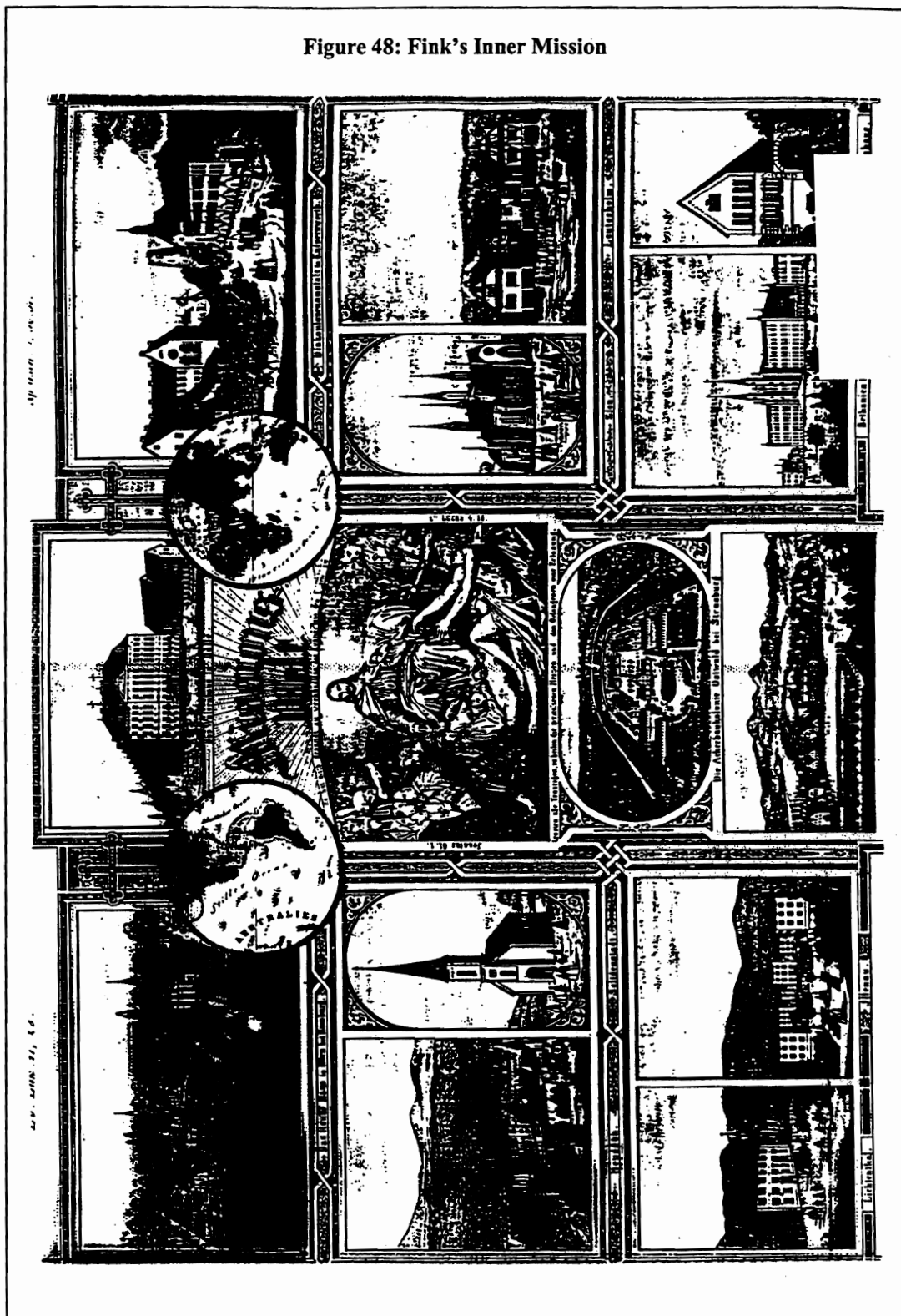
⁹²Fink is well aware that privileging southern German institutions in this picture was going to be read as a provocation to the members of the General Association. See: Letter from Fink to Wichern January 15, 1850, Lötsch, *Unpublished Manuscript*, p. 159.

form of salvation promoted by the Mission had advanced to a further extent in southern Germany than elsewhere.

Above the figure of Christ, there is a map of the world signalling the globe-girdling ambitions of the *Mission*. The map itself shows the globe from an angle at which Europe, the German-speaking world in particular, have almost entirely disappeared from sight. Australia, Asia and South America are the countries featured in the foreground of Fink's picture of the world, thus placing visual emphasis on the territories not yet under the influence of the *Innere Mission*. Regions which were predominantly Christian, i.e. Europe, North America and the fringes of South America, were drawn in white, the others black implying that the black regions represent a spiritual vacuum to be filled by the spirit reigning in the white regions. The missionary impulse depicted was, however, not denominational; the two little churches near the center of the etching represent the old and new testament and thus emphasize the scriptures shared by both confessions. Instead, the impulse pursued spiritual union, that is the dissolution of the individual in a community. The global community of faith propounded by Fink's Mission was in essence a *Gemüths*-community like Illenau.

Unlike Illenau, however, the *Mission* could only preach the value of community; it could not immerse its members in a palpable demonstration of lived community and thereby train the individual *Gemüth* to emulate this act of creative perception. The Mission's lessons were not reinforced by the architectural composition of an all-encompassing building, the shared appreciation of public concert or the integrated sense of balance achieved in a gymnastics formation such as the pinwheel. It advanced the values of the pinwheel without its tactile encouragement.

Figure 48: Fink's Inner Mission



6.3 Summary

At one level this thesis is about historical events which occurred in Baden at the Illenau asylum during the second half of the last century. But, more prominently, it is about the psychological events which accompanied those historical events and determined their meaning for the historical actors. My reason for distinguishing the historical event from the psychological event that inevitably must accompany it is to insure that these two distinct orders of reality are not conflated for the purposes of this argument as they usually are in experience.

Although we can chart chronologies, we cannot grasp how past events were perceived in the past because we are blinded by how they present themselves to us in the present. In order to characterize how a given historical event was experienced in its day, we must uncover the dominant spiritual posture of the day. Of course it is not possible for us to perform within ourselves the same psychological event that occurred within our historical actors. But it is possible for us to capture the contours of their lived reality. This thesis is a case study in how to extract a specific psychological reality from a general historical situation. The situation in question was *Biedermeier* Germany and the specific psychological reality was a product of the doctrine of *Gemüth*, a theory of soul which enjoyed wide-spread popularity at the time. The *Gemüth* was a soul-organ with no specific location; the point of unity between body and soul, it produced experiences which were both individually and collectively instantiated.

It is no accident that this case study is taken from the annals of psychiatry. Although in theory it should be possible to extract the reality of *Gemüth* from any aspect of *Biedermeier* society, in practice madness and its treatment, i.e. the realm of psychiatry, lends itself to such a procedure because psychiatry cannot be understood in isolation

from its cultural context, that is to say from the general drift of psychological events in a given period. The efficacy of a psychiatric intervention depends, to a large extent, on the assumptions shared by all participants to the therapeutic encounter which is why different forms of treatment are indicated in a psychological universe governed by the operations of *Gemüth*, than in one dominated by Oedipal conflicts. While this principle is not difficult to comprehend in isolation, it is difficult to apply in the context of historical research because our existing phenomenal habits create interference as soon as we try to adopt the phenomenal habits of an earlier era.

The first chapter introduces the pinwheel motif as an explanatory device comparable to Foucault's "Panopticon". The pinwheel, a rotating gymnastics formation, is a visual image for the doctrine of *Gemüth* and should help instill in the reader an intuitive sense of the conceptual structure and internal coherence of that doctrine and its implication for the notions of illness, treatment, cure and institution. The second part of the chapter examines several of the key debates in the secondary literature on 19th century German psychiatry in light of the doctrine of *Gemüth*. The question of whether asylum medicine was dominated by psychicalist or somaticist theories of mind, for example, falls away if we can establish that the majority of practitioners from both camps believed in a soul-organ which collapses the very distinction on which that question relies. Moreover, historians of medicine sharply distinguish between asylum-based and university-based approaches in the professional landscape of early German psychiatry. But this distinction looks artificial when we consider that formal definitions of the doctrine of *Gemüth* were proposed by university lecturers across the country and applied in daily practice by their psychiatric peers. Finally, the doctrine of *Gemüth* undermines the claim, frequently put forward in the secondary literature, that German psychiatric reforms were modeled on the French example. While it is true that many of the reforms

introduced into German institutional psychiatry resembled reforms which had previously been introduced in France, i.e. the asylum was placed in the hands of medical experts, specialist physicians were trained to treat mental illnesses and the aesthetic dimensions of experience stood front and center, the causes for these reforms were, nevertheless, very different in the two countries. German psychiatrists believed in the doctrine of *Gemüth* and French ones did not. This ideological difference entailed the creation of two entirely different experiences of confinement; whereas French psychiatrists strove to fortify the boundaries of the 'I' in an individual patient, German psychiatrist strove to synthesize the 'We' in an entire patient population.

Chapter two, '*Was ist Gemüth*', unpacks this profoundly Idealist, Romantic and natural philosophical concept of soul by way of an epistemological account of the concept of *Gemüth*. It associates the structure of this concept with the "Architecture of the *Biedermeier* soul" thereby, elucidating what it meant to conceive of experience as being collectively instantiated. Illenau physicians defined mental health as the synthesis of a plurality of experiences. They associated mental illness with psychological isolation and, hence, egotism; not a moral state, this "Egotism of Sickness" was an ontological state of the afflicted soul.

The next chapter, examines how the doctrine of *Gemüth* spawned a distinctive approach to psychiatry, "The Psychiatry of *Gemüth*", which was based upon using the material environment to reorganize psychological states. I have used the term "aesthetic re-education" to contrast this psychiatric approach with the *Traitement Moral* and to emphasize that it entailed an implied psychological mechanism involving: the basic "Elements of Experience" and rules for combining and separating those elements in experience. So, for example, "Imposing Divisions" shows how class affiliation and the sense of duty served as means of differentiating the patient population while "Creating

Unity” studies how the house journal, religion and festive events served to synthesize a collective experience. Illenau physicians strove to create an environment whose purposive, balanced and self-evident arrangement would suggest to individuals their place in the social order. Such an environment, they believed, could by-pass the impaired mental faculties of a psychiatric patient by being absorbed directly into the bloodstream of his or her *Gemüth*. Patients were deemed cured, once the qualities of this therapeutic environment had engorged their *Gemüth*. Not every psychiatric practitioner believed in the merits of *Gemüth*, however. A negative portrayal of the psychiatry of *Gemüth* is furnished by one of Illenau’s most vocal opponents.

The configuration of “Asylum Space” is the subject of chapter four which looks at how the shape of the building imposed specific patterns of movement on the asylum population, anticipated specific forms of interaction amongst its members and tailored the environment to a specific spectrum of aesthetic sensations. Depending upon one’s perspective, Illenau’s spatial arrangement can be, and indeed was, described as either a “Straight-jacket of Mortar and Stone” or a “Château de Plaisir”; both of these phrases appear in the Illenau records. After analyzing the ground plans from both perspectives, this chapter proposes a new model through which to conceive of Illenau and related asylums. Not merely the site of a psychiatric institution, the Illenau complex was a “Receptacle for *Gemüth*.” The function of individual architectural features, such as the windows, pharmacy and church, is examined in light of this model. Failure to recognize that the asylum building functioned as a receptacle for *Gemüth* has given rise to two wide-spread misconceptions. Illenau was decidedly not a “Baden Charenton” and certainly did not facilitate Foucault’s panoptical logic of surveillance. Although asylum space regulated the behaviour of its inhabitants, its internal logic was opaque (not

transparent), emphasized personal interaction (not surveillance at a distance) and furthered communal cohesion (not individual isolation).

The configuration of "Asylum Time" is the concern of chapter five which argues that patterned routines of behaviour and ritualized forms of activity were deemed therapeutic and, hence, built into the "Daily Routines" of asylum life. For Illenau physicians mental illness manifested itself through "arrhythmia". Through repeated exposure to the restorative routines of asylum life, the rhythm of individual experience would be suffused by the rhythm of collective experience, and the afflicted *Gemüth* of individual patients permeated by the healthy *Gemüth* of the Illenau population. It is not surprising that asylum officials strove to draw out the musical cadence of social interaction since music was in this period widely believed to be the "The Language of *Gemüth*". Musical concerts and gymnastics exercises served both to mark the passage of asylum time according to a musical cadence and to generate a palpable manifestation of psychological cohesion for members of the Illenau community.

To underscore that the psychological events documented at Illenau were, indeed, culturally and historically specific, the final chapter contrasts Illenau's institutional reality with that conjured up in Mann's *Magic Mountain*. Like Illenau, the sanitarium described by Mann has an isolated location, attends to the aesthetic registers of experience and aims to restore the health of its inhabitants. But unlike Illenau, Mann's sanitarium does so by reinforcing highly individuated forms of experience which furthers the isolation of every member until culminating in death. While, on a purely technical description, the institutional circumstances at Illenau and the sanitarium are very similar, the phenomenal filters associated with those circumstances are very different

One of the fascinating things about Illenau's collective phenomenology, or in other words its asylum culture, is that it contained the seeds of its own transformation.

After a five year training at Illenau, Richard von Krafft-Ebing proceeded to write the *Psychopathia Sexualis* thereby creating a taxonomy of sexual diseases which not only cleared the path for a new form of sexual identity, i.e. a new form of experience, but also undermined the conceptual foundations of the psychiatry of *Gemüth*. Yet the *Gemüth* did not simply disappear without a trace. In the final section of the last chapter the continuing legacy of the Illenau school of psychiatry is located in the work of the *Inner Mission*, an ecumenical organization which is still in operation today and whose Baden branch was founded by Illenau officials in the aftermath of 1848.

Bibliography

- 150 Jahre Illenau.* ed. Paul Droll. Achern: Papier-Schöttgen, 1994.
- Abbott, Andrew. *The System of Professions. An Essay on the Division of Expert Labor.* The University of Chicago Press, 1988.
- Ackerknecht, Ludwig. *A Short History of Psychiatry.* Translated by Sulammith Wolff. New York: Hafner Publishing Company, 1959.
- Ackermann, Ludwig. *Erinnerungen aus meinem Leben niedergeschrieben für meine Kinder und Enkel.* In Private archive Eva Schwab, Lahr.
- Adam, H. A. *Über Geisteskrankheit in Alter und Neuer Zeit. Ein Stück Kulturgeschichte in Wort und Bild.* Regensburg: Ludwig Rath, 1928.
- Ahlborn, Helmut. *Irrenanstalten. Historische Dokumente zur Theorie und Praxis der Irrenhausarchitektur und des Irrenwesens im 19. Jahrhundert.* Kanel: 1983.
- Alexander, Franz and Sheldon T. Selesnick. "The Romantic Reaction." In *The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present*, 133-149. New York: Harper & Row, 1966.
- Anleitung zum Krankenwardienst der Großherzoglichen Heil- und Pflegeanstalt Illenau.* Rastatt: Wilhelm Mayer, 1847.
- Bach. "Festprogramm. Grundsteinlegung Illenau." 1839. In Private archive Faulstich, Konstanz.
- Bader, Dr. J. *Guide for Travellers through the Environs of Achern.* Carlsruhe: P. Wagner, 1846.
- Bataille, Georges. *Erotism. Death & Sensuality.* San Francisco: City Lights Books, 1962.
- Beck, Clemens. "Die Geschichte der "Heil- und Pflegeanstalt Illenau" unter Christian Friedrich Wilhelm Roller (1802 – 1878)." Medical dissertation, Albert-Ludwig-Universität Freiburg i. Br., 1983.
- Belehrung und Aufforderung wegen Benützung der Großherzoglichen Heil- und Pflegeanstalt Illenau und wegen Behandlung der Seelengestörten in der Heimat.* Rastatt: Buckdruckerei W. Maner, 1846.
- Beleuchtung der Denkschrift des Herrn Geheimrath Dr. Roller über den Nothstand in den beiden Landesirrenanstalten ...Den beiden Kammern des Landes überreicht von der medizinischen Fakultät der Universität Freiburg.* Carlsruhe: 1876.
- Bender, John. *Imagining the Penitentiary. Fiction and the Architecture of Mind in Eighteenth-Century England.* Chicago: University of Chicago Press, 1987.

- Bengesser, Gerhard. *Wechselbeziehung zwischen Psychiatrie, Psychologie und Philosophie; Ein Leitfaden durch die Geistesgeschichte aus psychiatrischer und psychologischer Sicht*. Vol. 2. Bern: Peter Lang, 1982.
- Beguín, François. "Les Machineries Anglaises du Confort." In *L'Haleine des Faubourgs*. Edited by Lion Murard and Patrick Zylberman. Fontenay-sous-Bois: Recherche, 1978: 155-186.
- Biesterfeld, C.W. *Die Mutter im Irrenhause*. Leipzig: F. A. Brockhaus, 1852.
- Bietak, Wilhelm. *Das Lebensgefühl des Biedermeier*. Wien: 1931.
- Bird, Friedrich. *Mesmerismus und Belletristik in ihren schädlichen Einflüssen auf die Psychiatrie*. Stuttgart: 1839.
- Bird, Friedrich. *Practisch-Psychiatrische Schriften*. Stuttgart: Hallberger'sche Verlagshandlung, 1840.
- Bird, Friedrich. *Ueber Einrichtung und Zweck der Krankenhäuser für Geisteskranke*. Berlin: August Hirschwald, 1835.
- Bittel, Günther. "Entwicklung und Wirkung der Heilanstalt Winnental: zur Anwendung der historischen Methode in der Psychiatrie." Medical dissertation, Freiburg, 1980.
- Bitten aus Illenau (advertising pamphlet). 1852. In Private Archive Faulstich, Konstanz.
- Blackbourn, David and Geoff Eley. *The Peculiarities of German History. Bourgeois Society and Politics in Nineteenth-Century Germany*. Oxford: 1984.
- Blasius, Dirk. *Der Verwaltete Wahnsinn*. Frankfurt: Fischer Taschenbuch, 1980.
- Blasius, Dirk. *Der Umgang mit Unheilbarem: Studien zur Socialgeschichte der Psychiatrie*. Bonn: Psychiatrieverlag, 1986.
- Blasius, Dirk. *Einfach Seelenstörung. Geschichte der Psychiatrie 1800-1945*. Frankfurt a. M.: Fischer, 1994.
- Bleker, Johanna. "Biedermeiermedizin - Medizin der Biedermeier? Tendenzen, Probleme, Widersprüche 1830-1850." *Medizinhistorische Journal*. 23 (1988): 5-21.
- Bodamer, J. "Zur Phänomenologie des geschichtlichen Geistes in der Psychiatrie." *Der Nervenarzt* 19 (1948): 299-310.
- Bodamer, J. *Wilhelm Griesinger und die Entwicklung der Psychiatrie im 19. Jahrhundert*. Heidelberg: Scherer-Verlag, 1949.
- Bodamer, J. "Zur Entstehung der Psychiatrie als Wissenschaft im 19. Jahrhundert." *Neurologie-Psychiatrie* 21 (1953): 511-35.
- Bonaventura. *Nachtwachen*. Berlin B. Behr's Verlag, 1904.

- Brandt, Friedrich. *Illenau in den sechs ersten Jahrzehnten seiner Wirksamkeit*. Karlsruhe: Fidelitas, 1903.
- Bresler, Johannes. *Deutsche Heil- und Pflegeanstalten für Psychischkranke in Wort und Bild*. Halle a. S.: Carl Marhold Verlagsbuchhandlung, 1910.
- Briefe von Johann Heinrich Voß nebst erläuternde Beilagen*. ed. Abraham Voß. Halberstadt: Carl Brüggemann, 1832.
- Brown, Thomas E. "Dance of the Dialectic? Some Reflections (Polemic and Otherwise) on the Present State of Nineteenth Century Asylum Studies." *Canadian Bulletin of Medical History* 11 (1994): 267-95.
- Burghardt, Harald. "Psychiatrische Universitätskliniken im deutschen Sprachgebiet (1828-1914)." Medical dissertation, University of Cologne, 1985.
- Burkhardt, Marga. "Die Heil- und Pflegeanstalt Illenau badische Psychiatriegeschichte anhand von Krankenakten 1842 - 1877." Master's thesis, University of Freiburg, 1995.
- Bynum, W. F. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press, 1994.
- Canetti, Elias. *Crowds and Power*. London: Penguin Books, 1973.
- Castel, Robert. *The Regulation of Madness. The Origins of Incarceration in France*. Berkeley: University of California Press, 1988.
- Crommelinck. *Rapports sur les hospices de l'Angleterre de la France et de L'Allemagne*. Courtrai: Jaspin, 1842.
- Cumming, W. F.. *Notes on Lunatic Asylums in Germany and Other Parts of Europe*. London: John Churchill, 1852.
- Das Großherzogtum Baden in geographischer, naturwissenschaftlicher, geschichtlicher, wirtschaftlicher und staatlicher Hinsicht dargestellt. Nebst vollständigem Ortsverzeichnis*. Karlsruhe: J. Bielefeld's Verlag, 1885.
- Das goldene Jubelfest von Herrn Direktor Geheimerat Dr. H. Schüle*. ed. Brandt. Baden: Mittelbadische Druckerei und Verlags-Anstalt, 1913.
- Das Jubelfest in Illenau am 4. Januar 1852*.
- Daston, Lorraine. *Classical Probability in the Enlightenment*. Princeton: Princeton University Press, 1988.
- Davidson, Arnold. "Closing up the Corpses. Diseases of Sexuality and the Emergence of the Psychiatric Style of Reasoning." In *Meaning and Method: Essays in Honor of Hilary Putnam*. Cambridge: Cambridge University Press, 1991: 295-325.
- Deleuze, Gilles and Guattari, Felix. *Nomadologie: The War Machine*. Translated by Brian Massumi. New York: Semiotext, 1986.

- Diepgen, Paul. *Deutsche Medizin vor hundert Jahren. Ein Beitrag zur Geschichte der Romantik*. Freiburg, Leipzig: 1923.
- Digby, Ann. Quantitative and Qualitative Perspectives of the Asylum." In *Problems and Methods in the History of Medicine*, ed. Roy Porter and Andrew Wear. London: Groom Helm, 1987.
- Dienstanweisung für die Wärter und Wärterinnen der Großherzogl. Heil- und Pflegeanstalt Illenau*. Rastatt: Wilhelm Mayer, 1847.
- Discovering the History of Psychiatry*. Edited by Mark Micale and Roy Porter. Oxford: Oxford University Press, 1994.
- Doerner, Klaus. *Bürger und Irre. Zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie. (Madmen and the Bourgeoisie. A Social History of Insanity and Psychiatry)*. Frankfurt am Main: Europäische Verlagsgesellschaft, 1961.
- "Dr. Franz Hergt." *Neuer Nekrolog der Deutschen* 29 (1851): 674-680.
- Droll, Paul. *Die Illenau*. Achern: Bürgerinitiative Illenau, 1994.
- Du Camp, Maxime. Paris. *Ses organes, ses fonctions et sa fie dans la seconde moitié du 19^e siècle*. Pairs: Librairie Hachette, 1879.
- Durm, Josef. *Handbuch der Architektur*. Vol. 4. Darmstadt: Verlag Arnold Bergsträsser, 1891.
- Earle, Pliny. *Institution for the Insane in Prussia, Austria and Germany*. New York: Samuel S. & William Wood, 1854.
- Earle, Pliny. *Memoirs of Pliny Earle, M.D., with extracts from his diary and letters (1830-1892) and selections from his professional writings (1839-1891)*. ed. F. B. Sanborn. Boston: Damrell & Upham, 1898.
- Earle, Pliny M.D. *A Visit to Thirteen Asylums for the Insane in Europe, with Statistics*. Philadelphia: T.K. & P.G. Collins, 1839.
- Earle, Pliny M. D. *A visit to Thirteen Asylums for the Insane in Europe; to which are added a Brief Notice of Similar Institutions in Transatlantic Countries and in the United States, and an Essay on the Causes, Duration, Termination and Moral Treatment of Insanity with Copious Statistics*. Philadelphia: J. Dobson, 1841.
- Edginton, Barry. "The Well-Ordered Body: The Quest for Sanity through Nineteenth-Century Asylum Architecture." *Canadian Bulletin of Medical History* 11 (1994): 375-86.
- Ehinger. *Illenauer Liederbuch*. Illenau: 1861.
- Ehrenfeuchter, Friedrich. *Aus dem Nachlaß Ernst Friedrich Fink nebst einem Abriß seines Lebens*. Heidelberg: Carl Winter, 1866.

- Eliade, Mircea. *The Myth of the Eternal Return. Cosmos and History*. London: Arkana, 1954.
- Elias, Norbert. *Über den Prozess der Zivilisation; soziogenetische und psychogenetische Untersuchungen. (The Civilizing Process)*. 2 ed., Bern, München: Francke Verlag, 1969, c1939.
- Ellenberger, Henry F. *Die Entdeckung des Unbewussten. (The Discovery of the Unconscious)*. Translated by Gudrun Theusner-Stampa. Bern Stuttgart Wien: Verlag Hans Huber, 1973.
- Engstrom, Eric J. "Emil Kraepelin: Psychiatry and Public Affairs in Wilhelmine Germany." *History of Psychiatry* 2 (1991): 111-132.
- Erhardt, C. "Die Irren-, Heil- und Pflege-Anstalt Illenau im Grossherzogthum Baden." *Annalen der Staats-Arzneikunde* 10 (1845): 615-628.
- Erhardt, C. "Die Siechenanstalt zu Pforzheim." *Annalen der Staatsarzneikunde* 3 (1845): 629-639.
- Falret, Jean-Pierre. "Visite a l'établissement d'aliéné d'Illenau." In *Extrait des Annales medico-psychologique*, Paris: Bourgogne et Martinet, 1845.
- Faulstich, Heinz. *Von der Irrenfürsorge zur "Euthanasie." Geschichte der badischen Psychiatrie bis 1945*. Freiburg i. Br.: Lambertus, 1993.
- Festrede 90. Jubiläum Illenau*. SA Freiburg B821/1 24, 1932.
- Festschrift zur Feier des Fünfzigjährigen Jubiläums der Anstalt Illenau*. ed. v. Krafft-Ebing Schüle Neumann, Fr. Fischer, Eickholt, Wilser, Landerer, Dietz. Heidelberg: Carl Winter's Universitätsbuchhandlung, 1892.
- Fichtner, Gerhard. "Der "Fall" Hölderlin. Psychiatrie zu Beginn des 19. Jahrhunderts und die Problematik der Pathographie." In *Beiträge zur Geschichte der Universität Tübingen 1477-1977 (500 Jahre Eberhard-Karls Universität)*. Tübingen: Attempto, 1977: 497-514.
- Fichtner, Gerhard. "Krankenunterlagen als Quellen: Auswahl und Erschließung aus der Sicht der Forschung." *Der Archivar* (44 1991): 549-558.
- Fink, Ernst. *Die Heilanstalt nach ihrer Kirchlichen Seite*. Heidelberg: Karl Winter, 1852.
- Fink, Ernst. *Durch Leid zur Freud*. Karlsruhe: Friedrich Gutsch, 1870.
- Fischer, Franz. "Die Anstalt in Pforzheim bis zum Jahre 1804." *Allgemeine Zeitschrift für Psychiatrie* 33 (1877): 745-769.
- Fischer, Franz. "Zur Geschichte der Grossherzoglichen Heil- und Pflegeanstalt Pforzheim vom Jahre 1803 bis jetzt." *Allgemeine Zeitschrift der Psychiatrie* 34 (1878): 354ff.

Fischer, Max. *Denkschrift über den Stand der Irrenfürsorge in Baden. Erstattet im Auftrag des Großh. Ministeriums des Inneren*. Karlsruhe: 1909.

Fischer, Max. "Die Entwicklung des Bauwesens der Irrenanstalten." *AZP* 70 (1913): 480-524.

Fischer, Max. "Biography of Roller." In *Deutsche Irrenärzte, Einzelbilder ihres Lebens und Wirkens*, ed. Theodor Kirchhoff. Berlin: Springer, 1921.

Fischer, Max. "Richard von Krafft-Ebing." In *Badische Biographien*, ed. A. Krieger and K. Obser. 317-325. vi. Heidelberg: Carl Winters Universitätsbuchhandlung, 1935.

Fischer, W. *Der Staat und die Anfänge der Industrialisierung in Baden 1800-1850*. 1962.

Fischer, Wolfram. "Staat und Gesellschaft Badens im Vormärz." In *Staat und Gesellschaft im deutschen Vormärz, 1815 - 1848*, ed. Werner Conze. Stuttgart: Ernst Klett Verlag, 1962.

Flemming, Carl Fr. "Über die Einrichtung einer Irren-Heilanstalt." *Zeitschrift der kranken Seelenzustände* (1 1838): 717-742.

Foucault, Michel. *Folie et Dérison, Histoire de la folie à l'âge classique*. Plon, 1961.

Foucault, Michel. *Histoire de la Sexualité*. Paris: Gallimard, 1976.

Foucault, Michel. *Mental Illness and Psychology*. Berkeley, Los Angeles: University of California Press, 1987.

Friedrich Weinbrenner - Eine Ausstellung des Instituts für Baugeschichte. Karlsruhe: Universität Karlsruhe, 1978.

Führle, A. "Die Entwicklung der Versorgung und Behandlung von Geisteskranken während des ausgehenden 19. Jahrhunderts und zu Beginn des 20. Jahrhunderts im ehemaligen Herzogtum." medical dissertation, Leipzig, 1986.

Geertz, Clifford. *The Interpretations of Cultures*. London: Fontana Press, 1993.

"Geheimerath Dr. Karl Hergt. Ein Lebensbild: zugleich ein Beitrag zur historischen Entwicklung unserer einheimischen Irrenfürsorge." *Karlsruher Zeitung* (January 29, 1890 SA: GLA 463 #955).

Gerabek, Werner E. *Friedrich Wilhelm Joseph Schelling und die Medizin der Romantik*. Frankfurt a. M.: Peter Lang, 1995.

Gerke, Wolfgang. "Die Reformanstalt Illenau und ihre Bedeutung für die badische Irrenfürsorge in der Ära Roller. Eine psychiatriehistorische Studie anhand der Illenauer Krankengeschichten von 1826-1877." Medical dissertation, Freiburg i. Br., 1994.

Gissler, B. "Bericht über die Grossherz. badische Heil- und Pflegeanstalt Pforzheim." *AZP* 13 (1856): 457-464.

- Glauser, Friedrich. *Matto Regiert*. Weinsberg: Arche, 1973.
- Goffmann, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Doubleday Press, 1961.
- Goffman. *Frame Analysis. An Essay on the Organization of Experience*. Foreword by Bennett Berger. Boston: Northeastern University Press, 1974.
- Goldstein, Jan. *Console and Classify*. Cambridge: Cambridge University Press, 1982.
- Grüsser, Joachim. "Vom 'Tollhaus' in Ludwigsburg zur Königlichen Heilanstalt Winnenthal." In *Baden und Württemberg im Zeitalter Napoleons*. Ausstellungskatalog. Stuttgart: 1987.
- Gudden. "Zur relative verbundenen Irrenheil- und Pflege-Anstalt." *AZP* 16 (5 1859): 627-632.
- Hähner-Rombach, Sylvelyn. *Arm, weiblich - wahnsinnig? Patientinnen der Königlichen Heilanstalt Zwiefalten*. Zwiefalten: Verlag Psychiatrie und Geschichte, 1995.
- Hansjakob, Heinrich. *Aus Kranken Tagen. Erinnerungen*. Lahr: Moritz Schauenburg, 1933.
- Halemeyer, Rolf. "Die Pflege und Behandlung Geisteskranker in "Waisenhaus zu Pforzheim" um die Mitte des 18. Jh. bis zur Gründung der Anstalt Illenau." Medical dissertation, University of Freiburg, 1966.
- Harms, Ernest. *Origins of Modern Psychiatry*. Springfield, Illinois: Charles C Thomas Publisher, 1967.
- Haug, Wolfgang. *Faschisierung des bürgerlichen Subjects*. Hamburg: Argument-Sonderband, 1987.
- Hauser, Renate Irene. "Sexuality, neurasthenia and the law: Richard von Krafft-Ebing (1840-1902)." Ph.D., University College, University of London, 1991.
- Hausordnung für die Großherzogliche Heil- und Pflegeanstalt Illenau*. Rastatt: Wilhelm Mayer, 1847.
- Hergt, Karl. "Einiges zur Behandlung der Seelenstörungen." *AZP* 33 (1851): 803-837.
- Hergt, Karl. "Krankheitsgeschichte der "Mutter im Irrenhause"." *AZP* 8 (1851): 581-591.
- Hergt, Karl. "Frauenkrankheiten und Seelenstörung." *AZP* 27 (1871): 657-672.
- Herzog, Gunter. "Heilung, Erziehung, Sicherung. Englische und deutsche Irrenhäuser in der ersten Hälfte des 19. Jahrhunderts." In *Bürgertum im 19. Jahrhundert*, ed. Jürgen Kocka. 1988: 418-446.
- Hirschfeld, E., ed. *Romantische Medizin. Zu einer künftigen Geschichte der naturphilosophischen Ära*. Vol. 3. *Kyklos. Jahrbuch fuer Geschichte und Philosophie der Medizin*. Institut fuer Geschichte der Medizin der Universitaet Leipzig, 1930.

- Hobsbawm, E. J. *Die Blütezeit des Kapitals. Eine Kulturgeschichte der Jahre 1848-1875.* Frankfurt: Fischer, 1980.
- Höll, Thomas and Paul-Otto Schmidt-Michel. *Irrenpflege im 19. Jahrhundert.* Vol. 44. Werkstattsschriften zur Sozialpsychiatrie, Bonn: Psychiatrie-Verlag, 1989.
- Horn, Wilhelm. *Reise durch Deutschland, Ungarn, Holland, Italien, Frankreich, Grossbritannien und Irland in Ruecksicht auf medizinische und naturwissenschaftliche Institute, Armenpflege usw.* Vol. 1. Berlin: Enslin, 1831.
- Huber, Urban. *Auf Wunsch meiner Kinder will ich ein kurzen Lebenslauf neiderschreiben, so vieles mir noch im Gedächtnis ist.* In Private archive Klaus Huber, Achern.
- Illenau, die Großherzogliche Badische Heil- und Pflegeanstalt. *Statut, Hausordnung, Krankenwardienst, Bemerkungen und Nachrichten. Mit einem Situationsplan.* Rastatt: Carl Winter, 1847.
- Illenau, die Großherzoglich Badische Heil- und Pflegeanstalt. *Statut, Hausordnung, Krankenwardienst, Bemerkungen und Nachrichten. Mit einem Situationsplan.* 2 ed., Heidelberg: C. F. Winter, 1852.
- Illenau. *Geschichte, Bau, inneres Leben, Statut, Hausordnung, Bauaufwand und finanzielle Zustände der Anstalt. Mit Ansichten und Plänen in 24 Blättern.* Karlsruhe: Ch. Th. Groos, 1865.
- Illenau's Goldenes Jubelfest 27. September 1892. Achern: Rud. Bott'sche Buchhandlung, 1892.
- Illenau Employee Records. In SA B821/1:
 Christian Freidrich Wilhelm Roller - #1964
 Karl Hergt - #955
 Richard von Krafft-Ebing - #1409
 Christian Roller - # 1965
 Robert Roller - #1966
 Hinrich Brettle - #324
 Xavier Klihr - #1297
 Hirsch - #1012
 Unger-Sternberg, Emilie - #2511
 Keller, Eduard - #1233
- Illenau Patient Records. In State Psychiatric Hospital Emmendingen:
 Blessig, Karl - 1847
 Bornstedt, Adalbert v. - 1849
 Bristol, John Jakob - 1873
 Bundschuh, Josef Valentin - 1843
 Curta, Albert - 1868
 Desaga, Anton - 1872
 Erb, Karl - 1873
 Gulde, Josefa - 1855

Kiefer - 1821
 Kratt, Christian 1871
 Kußmaul, Ernestine - 1871
 Lassere, Anna - 1863
 Pichler, Mathilde - 1855
 Sandhaas, Karl - 1842

Illenauer Wochenblatt. Vol. 1. ed. Ströbe. Karlsruhe: Chr. Fr. Müller'schen Hofbuchdruckerei, 1867.

Isliker, Bernhard. *Christian Ludwig Bachmanns Dissertation "Über die Wirkungen der Musik auf den Menschen"*. Zürcher Medizingeschichtliche Abhandlungen. Neue Reihe, ed. H. H. Walser H. M. Koelbing H. Balmer. Zurich: Juris Druck, 1982.

James, William. *The Principles of Psychology*. Introduced by George A. Miller. Cambridge, MA: Harvard University Press, 1981.

Janzarik, W. *Psychopathologie als Grundlagenwissenschaft*. Stuttgart: 1979.

Jerome, Jerome K. *Three Men on the Bummel*. London: Penguin Books, 1983 (1900).

Jessen, Willers. "Recension von Ernst Fink, Die Heilanstalten von ihrer kirchlichen Seite." *AZP* 10 (1 1853): 108-135.

Jetter, Dieter. *Grundzüge der Geschichte des Irrenhauses*. Darmstadt: Wissenschaftliche Buchgesellschaft, 1981.

Jetter, Dieter. *Zur Typologie des Irrenhauses in Frankreich und Deutschland*. Vol. 2. Geschichte des Hospitals, Wiesbaden: Franz Steiner, 1971.

Jetter, Dieter. "Wichtige Irrenhäuser in Frankreich, Deutschland und England (1800-1900)." In: *Fortschritte der Neurologie, Psychiatrie*. 60 (1992): 329-348.

Joachimsen, P. *Vom deutschen Volk zum deutschen Staat. Eine Geschichte des deutschen Nationalbewußtseins*. 1956.

Kant, Immanuel. "Ueber die Macht des Gemüths durch den blossen Vorsatz seiner krankhaften Gefühle Meister zu seyn (On the Power of the Mind to Master Its Morbid Feelings by Sheer Resolution)." In *Der Streit der Facultaeten (The Conflict of the Faculties)*, New York: Abaris Books, 1979.

"Karl Hergt." In *Badische Biographien*, ed. von Weech. 176-185. IV. 1891.

Kaufmann, Doris. *Aufklärung, bürgerliche Selbsterfahrung und die "Erfindung" der Psychiatrie in Deutschland, 1770-1850*. Vol. 122. Veröffentlichungen des Max-Planck-Instituts für Geschichte, Göttingen: Vandenhoeck & Ruprecht, 1995.

Kern, H. *Die Seelenheilkunde in der Romantik*. Berlin: Widukind-Verlag, 1937.

Kirchhoff, Theodor. *Geschichte der Psychiatrie*. Leipzig: Franz Deuticke, 1912.

- Kirchhoff, Theodor. *Deutsche Irrenärzte Einzelbilder ihres Lebens und Werks.* Berlin: Verlag von Julius Springer, 1921.
- Köhler, E. *Arme und Irre. Die Liberale Fürsorgepolitik des Bürgertums.* Berlin: 1977.
- Kraepelin, Emil. "Die Lage der Irrenversorgung in Baden." *Centrallblatt für Nervenheilkunde* 20 (1897): 654-663.
- Kraepelin, Emil. *One Hundred Years of Psychiatry.* ed. Translated by Wade Baskin. New York: The Citadel Press, 1917.
- Krafft-Ebing, Richard v. *Die Sinnesdelirien. Ein Versuch.* Erlangen: Ferdinand Enke, 1864.
- Krafft-Ebing, Richard von. "Ueber gewisse Anomalien des Geschlechtstribs und die klinisch-forensische Verwerthung derselben als eines wahrscheinlich functionellen Degenerationszeichens des centralen Nerven-Systems." *Archiv für Psychiatrie und Nervenkrankheiten* 7 (1877): 291-312.
- Krafft-Ebing, Richard von. *Psychopathia Sexualis. Mit besonderer Berücksichtigung der konträren Sexualempfindung.* Munich: Matthes & Seitz Verlag, 1984.
- Krafft-Ebing, Richard von and Bernard Gudden. *Gutachten über die Erbauung einer Irrenanstalt und der Ertheilung psychiatrischen Unterrichts an der Universität Freiburg. Den hohen badischen Landständen übergeben.* Freiburg i. Br.: 1876.
- Kußmaul, Adolf. *Aus meiner Dozentenzeit in Heidelberg.* Stuttgart: Adolf Bonz & Comp, 1903.
- Kußmaul, Adolf. *Jugenderinnerungen eines alten Arztes.* Stuttgart: Adolf Bonz & Comp, 1899.
- Ladurie, Emanuel LeRoy. *Montaillou. Cathars and Catholics in a French Village 1294-1324.* London: Penguin Books, 1980.
- Laehr. "Recension zur Statistik der Heil- und Pflegeanstalt Illenau." *AZP* 24 (1867): 490-493.
- Laehr, Heinrich. *Ueber Irrsein und Irrenanstalten fuer Aerzte und Laien.* Halle: Pfeffer, 1852.
- Laehr, Heinrich. *Die Literatur der Psychiatrie, Neurologie und Psychologie im XVII Jahrhundert. Festschrift zum fünfzigjährigen Jubiläum der Heilanstalt Illenau, Baden.* Berlin: Georg Reimer, 1892.
- Laehr, Heinrich. *Gedenktage der Psychiatrie und ihrer Hilfsdisciplinen in allen Ländern.* Berlin: Georg Reimer, 1893.
- Landes, David S. *Revolution in Time: Clocks and the Making of the Modern World.* Cambridge, MA: Belknap Press of Harvard University Press, 1983.

- Langermann, Johann Gottfried. "Über den gegenwärtigen Zustand der psychischen Heilmethode der Geisteskranken und die erste zu Bayreuth errichtete psychische Heilanstalt (aus dem Jahre 1805)." *Allgemeine Zeitschrift für Psychiatrie* 2 (1845): 601-605.
- Larsen, Öivind. "Case Histories in Nineteenth-Century Hospitals - What Do They Tell the Historian? Some Methodological Considerations With Special Reference to McKeown's Criticism of Medicine." *Medizin, Geschichte und Gesellschaft* 10 (1991): 127-148.
- Leibbrand, Annemarie und Werner. "Von der Psychopathia Sexualis zur Sexualwissenschaft." In *Formen des Eros Kultur- und Geistesgeschichte der Liebe*, 2. Freiburg, Munich: Karl Albers, 1972.
- Leibbrand, Werner. *Romantische Medizin*. Leipzig: H. Goverts Verlag, 1937.
- Leibbrand, Werner. *Die speculative Medizin der Romantik*. Hamburg: 1956.
- Leibbrand, W. *Psychiatrie als Geisteswissenschaft*. Vol. 14. Schriftenreihe der Bayrischen Landesärztekammer, 1968.
- Leibbrand, Werner and Annemarie Wettley. *Der Wahnsinn*. Muenchen: Verlag Karl Alber, 1961.
- Leibbrand-Wettley, Annemarie and Werner Leibbrand. *Medizin und Sexualwissenschaft*. Vol. 23. Schriftenreihe der Bayerischen Landesärztekammer, Munich: Bayrische Landesärztekammer, 1970.
- Levin, Herbert. *Die Heidelberger Romantik*. Munich: Parcus & Co., 1922.
- Ling, P. H. *The Gymnastic Free Exercises*. London: Groombridge & Sons, 1853.
- Lorenz, M. "Die Romantische Medizin und ihre Psychotherapie." Medical Dissertation, University of Muenchen, 1951.
- Lötsch, Gerhard. *Christian Roller & Ernst Fink. Die Anfänge von Illenau*. Achern: Acheron, 1996
- Lötsch, Gerhard. *Book Manuscript*. In: Private Archive Gerhard Lötsch, Achern.
- Lötsch, Gerhard. *Unpublished Manuscript* (with extensive document transcriptions). In Private Archive Gerhard Lötsch, Achern.
- Löschke, J. T. *Ueber das Turnen Geisteskranker im Allgemeinen und in Sonderheit über das Turnen der Geisteskranken in der königlich sächsischen Heil- und Verpfleganstalt Sonnenstein bei Pirna*. Leipzig: Ernst Fleischer, 1849.
- Lunbeck, Elizabeth. *The Psychiatric Persuasion*. Princeton: Princeton University Press, 1994.

- Mahir, Oscar. *Ueber Irren-Heilanstalten, Pflege und Behandlung der Geisteskranken, nach den Principien der bewährtesten Irren-Aerzte Belgiens, Englands, Frankreichs und Deutschlands*. Stuttgart, Tübingen: J. G. Cotta'schen Buchhandlung, 1846.
- Mann, Thomas. *The Magic Mountain*. London: Minerva, 1927.
- Marx, Otto. "German Romantic Psychiatry." *History of Psychiatry* i & ii (1990-1991).
- Mathes. "Die Entwicklungsstufen der badischen praktischen Anstaltspsychiatrie bis zur Eröffnung der Anstalt Emmendingen und deren 40 jährige Tätigkeit." In *Festschrift zur Feier des 40jährigen Bestehens der Heil- und Pflegeanstalt Emmendingen*, Berlin: Walter de Gruyter & Co, 1929.
- Medick, Hans and David Sabeau, ed. *Emotionen und materielle Interessen: sozialanthropologische und historische Beiträge zur Familienforschung*. Göttingen: Vandenhoeck & Ruprecht, 1984.
- Meyer, Eduard. *Bericht des Direktors der Anstalt Lindenhaus bei Lemgo*. 1843-44. In Staatsarchiv Detmold L771 #5842.
- Meyer, Elard Hugo. *Badisches Volksleben im 19. Jahrhundert*. Straßbourg: Karl J. Trübner, 1900.
- Midelfort, Erik H. C. "Sin, Melancholy, Obsession: Insanity and Culture in 16th Century Germany." In *Understanding Popular Culture Europe from the Middle Ages to the Nineteenth Century*. Edited by Steven L. Kaplan. Berlin: Mouton Publishers, 1984.
- Middelhoff, Hans Dieter. "C. F. W. Roller und die Vorgeschichte der Heidelberger Psychiatrischen Klinik." In *Psychopathologie als Grundlagenwissenschaft*, ed. Werner Janzarik. 33-50. Stuttgart: Enke, 1979.
- Monetti, Vincent. "L'Asile Psychiatrique et le Traitement mOral au 19^e siècle." In: *Soins Psychiatrie* 142/143 (1992): 55-58.
- Mörgeli, Christoph. *Europas Medizin im Biedermeier anhand der Reiseberichte des Züricher Arztes Conrad Meyer-Hofmeister 1827-1831*. Basel: Schwabe & Co., 1997.
- Moritz, Karl Philipp. "Ueber das muskalische Gehör". In *Magazin der Erfahrungsseelenkunde*. 8 (1791): 45- 51, 99-103.
- Mosse, George L. *Nationalism and Sexuality. Middle-Class Morality and Sexual Norms in Modern Europe*. Madison: The University of Wisconsin Press, 1985.
- Neuburger, Max. "British and German Psychiatry in the Second Half of the Eighteenth and the Early Nineteenth Century." *Bulletin of the History of Medicine* 17 (1945).
- Niedergassel, Hermann. "Die Behandlung der Geisteskranken in der Irrenanstalt Eberbach im Rheingau in der Zeit von 1815-1849." Medical dissertation, University of Mainz, 1977.
- Nipperdey, Thomas. *Deutsche Geschichte, 1800 – 1866*. Munich: C. H. Beck, 1991.

- Obermeit, Werner. "Das unsichtbare Ding das Seele heißt" *Die Entdeckung der Psyche im bürgerlichen Zeitalter*. Frankfurt a. M.: Syndikat, 1980.
- Oexle, Otto Gerhard. "Geschichte als Historische Kulturwissenschaft." In *Kulturgeschichte Heute*. Edited by Wolfgang Hardtwig and Hans-Ulrich Wehler. Göttingen: Vandenhoeck & Ruprecht, 1996: 14-40.
- Osterrieth, Walter. "Vor 111 Jahren in Illenau." *Badische Heimat* 41 (1961): 302-307.
- Ostini, Fritz von. *Wilhelm von Kaulbach*. Bielefeld und Leipzig: Oelhagen & Klasing, 1906.
- Pelman, Carl. *Erinnerungen eines alten Irrenarztes*. Bonn: 1912 (reprint 1994).
- Peters, Uwe Henrik. *Studies in German Romantic Psychiatry. Justinus Kerner as a Psychiatric Practitioner. ETA Hoffmann as a Psychiatric Theorist*. Institut of Germanic Studies, University of London, 1990.
- Pilavas, Ioannis. *Psychiatrie im Widerstreit der Konzepte. Zur Entstehung der Tübinger Nervenlinik*. Sigmaringen: Jan Thorbecke Verlag, 1994.
- Pliny, Earle. *Institutions for the Insane in Prussia, Austria and Germany*. New York: Samuel and William Wood, 1854.
- Porter, Roy. *Mind-Forg'd Manacles*. Cambridge, MA: Harvard University Press, 1987.
- Rabinbach, Anson. *The Human Motor. Energy, Fatigue, and the Origins of Modernity*. Berkeley: University of California Press, 1990.
- Radkau, Joachim. "Nationalismus und Nervosität." In: *Kulturgeschichte Heute*: 285-315.
- Ray, Isaac. "Observations on the Principal Hospitals for the Insane in Great Britain, France and Germany." *American Journal of Insanity* 2 (1846): 289-391.
- Reil, Johann Christian. *Rhapsodien über die Anwendung der psychischen Curmethode*. Amsterdam: E. J. Bonset, 1803/1968.
- Reuchlein, Georg. *Bürgerliche Gesellschaft, Psychiatrie und Literatur. Zur Entwicklung der Wahnsinnsthematik in der deutschen Literatur des späten 18. und frühen 19. Jahrhunderts*. Vol. 35. Münchner Universitäts-Schriften, ed. Wolfgang Harms, Renate von Heydebrand, and Theo Vennemann. München: Wilhelm Fink Verlag, 1986.
- Richard, Graham. *Mental Machinery The Origins and Consequences of Psychological Ideas, 1600-1850*. Baltimore: Johns Hopkins University Press, 1992.
- Risse, G.B. "Philosophical' Medicine in Nineteenth-Century Germany: An Episode in the Relations between Philosophy and Medicine." *The Journal of Medicine and Philosophy* 1 (1976): 72-92.
- Roller, Christian. *Die Heilanstalt Johannisberg bei Kaiserswerth*. Kaiserswerth: Diakonissen-Anstalt, 1883.

- Roller, Christian. *Vom Gemüth. Psychologische Skizzen*. Karlsruhe: Müller'sche Hofbuchhandlung, 1874.
- Roller, Christian. "Illenau." In *Straßburger Volksblatt*. #30-33 (1880): 471-475, 503-508, 518-522.
- Roller, Johann Christian. *Geschichte und Beschreibung der Stadt Pforzheim*. Pforzheim: 1811.
- Roller, Christian Friedrich Wilhelm. *Beleuchtung der von der medizinischen Facultät zu Heidelberg gegen die Errichtung der neuen badischen Irrenanstalt erhobenen Einwürfe*. Heidelberg, 1837.
- Roller, Christian Friedrich Wilhelm. "Berührung der Psychiatrie mit anderen Gebieten." *Beiträge zur Psychiatrie* 1 (1872): 323-344.
- Roller, Christian Friedrich Wilhelm. "Das Irrenwesen im Grossherzogthum Baden. Verbesserungen, Ereignisse und Zustände vom Jahr 1854." *AZP* 12 (1855): 256-267.
- Roller, Christian Friedrich Wilhelm and F. Fischer. *Das Projekt des neubaues einer zweiten Heil- und Pflegeanstalt im Großherzogthum Baden, vor den Landständen und den beiden medicinischen Fakultäten. Mit allgemeinen Bemerkungen über die Errichtung von Irrenanstalten und über psychiatrischen Unterricht*. Karlsruhe: Chr. Fr. Müller'sche Hofbuchhandlung, 1865.
- Roller, Christian Friedrich Wilhelm. "Das Studium der Psychiatrie." *AZP* 10 (1853): 73-88.
- Roller, Christian Friedrich Wilhelm. *Der Nothstand in den beiden Landesirrenanstalten und der Abhilfe durch Errichtung einer neuen Anstalt sowie das Bedürfnis der Universität Freiburg für den psychiatrischen Unterricht*. Karlsruhe: 1876.
- Roller, Christian Friedrich Wilhelm. *Die Irrenanstalt nach allen ihren Beziehungen dargestellt*. Karlsruhe: Mueller, 1831.
- Roller, Christian Friedrich Wilhelm. *Grundsätze fuer Errichtung einer Irrenanstalt, insbesondere der Heil- und Pflegeanstalt bei Achen in Baden. Mit einem lithographischen Plan*. Karlsruhe: Müller'sche Hofbuchhandlung, 1838.
- Roller, Christian Friedrich Wilhelm. *Illenau die Großherzogliche Heil- und Pflegeanstalt. Statut, Hausordnung, Krankenwardienst, Bemerkungen und Nachrichten*. Heidelberg 1852: Akademische Verlagsbuchhandlung C. F. Winter, 1852.
- Roller, Christian Friedrich Wilhelm. *Illenau. Geschichte, Bau, inneres Leben, Statut, Hausordnung, Bauaufwand und finanzielle Zustände der Anstalt (Mit Ansichten und Planen in 24 Blättern)*. Karlsruhe: Chr. Th. Groos, 1865.
- Roller, Christian Friedrich Wilhelm. "Nachrichten und Wünsche aus der badischen Landes-Irrenanstalt zu Heidelberg." *Annalen er. Staatsarzneykunde* (1841): 539-572.

- Roller, Christian Friedrich Wilhelm. *Psychiatrische Zeitfragen aus dem Gebiet der Irrenfürsorge in und ausser den Anstalten und ihren Beziehungen zum staatlichen und gesellschaftlichen Leben*. Berlin: Georg Reimer, 1874.
- Roller, Christian Friedrich Wilhelm. *Ueber Abhilfe des Raummangels in den beiden Staats-Irrenanstalten des Großherzogthums Baden, insbesondere durch Kreisspitäler*. Illenau: 1873.
- Roller, Christian Friedrich Wilhelm. "Ueber die Selbstbestimmungsfähigkeit der Irren." *AZP* 34 (1878): 315-340.
- Rose, Nikolas. "Psychiatry as a political science: advanced liberalism and the administration of risk." *History of the Human Sciences* 9 (2 1996): 1-23.
- Rosen, Charles. *The Romantic Generation*. London: Harper Collins, 1995.
- Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Boston: Little, Brown, 1990.
- Rothschuh, Karl Eduard. "Deutsche Biedermeiermedizin. Epoche zwischen Romantik und Naturalismus." *Gesnerus* 25 1968 (1968): 167 - 187.
- Rothschuh, Karl Eduard "Naturphilosophische Konzepte der medizin aus der Zeit der deutschen Romantik." In *Konzepte der Medizin in Vergangenheit und Gegenwart*, 385-416. Stuttgart: Hippokrates Verlag, 1978.
- Sahlins, Marshall. *Culture and Practical Reason*. Chicago: University of Chicago Press, 1976.
- Sauer, Joseph. *Die kirchliche Kunst der ersten Hälfte des 19. Jahrhunderts in Baden*. Freiburg i. Br.: 1933.
- Schindler, Thomas-Peter. *Psychiatrie im Wilhelminischen Deutschland im Spiegel der Verhandlungen des "Vereins der deutschen Irrenärzte von 1891-1914*. Doctoral thesis, University of Frankfurt a. M., 1983.
- Schipperges, H. "Krankheit als geistiges Phänomen bei Novali." *Der Horizont* (8 1965): 116-129.
- Schmidt, Paul-Otto. *Asylierung oder familiale Versorgung. Die Vorträge auf der Sektion Psychiatrie der Gesellschaft Deutscher Naturforscher und Ärzte bis 1885*. Husum: Matthiesen Verlag, 1982.
- Schmidt, Reinhard. *Die Entwicklung der Anstaltspsychiatrie im Deutschen Reich (1871/1914)*. Doctoral thesis, University of Cologne, 1988.
- Schneider, Hugo. *Die Ehemalige Heil- und Pflegeanstalt Illenau. Ihre Geschichte und Bedeutung*. Achern: Bürgerinitiative Illenau, 1992.
- Schneider, Hugo. "Die ehemalige Heil- und Pflegeanstalt Illenau. Ihre Geschichte, ihre Bedeutung." *Die Ortenau* 61 (1981): 191-232.

- Schneider, Peter Joseph. *Die musik und Poesie: System einer medizinischen Musik*. Vol. 2. Bonn: 1835.
- Schnitzer, A. *Allgemeine Pathologie und Therapie der Geisteskrankheiten*. Leipzig: Brockhaus, 1846.
- Schnur, W. "Zur Geschichte der Entstehung der psychiatrischen Klinik in Heidelberg." Medical dissertation, University of Heidelberg, 1922.
- Schöne, Albrecht. "Interpretationen zur Dichterischen Gestaltung des Wahnsinns in der Deutschen Literatur seit Goethe." Doctoral thesis, University of Münster, 1952.
- Schrenck, Martin. *Über den Umgang mit Geisteskranken*. Vol. 10. Monographien aus dem Gesamtgebiet der Psychiatrie, 1973.
- Schrenk, Martin. "Zur Geschichte der Sozialpsychiatrie. Isolierung und Idylle als "Therapeutik der Seelenstörungen"." *Der Nervenarzt* 38 (10 1967): 479-87.
- Schüle, Heinrich. "Nekrolog Hergt." In *AZP*, 199-209. 47. 1891.
- Schumacher, Rudolf. *Musik in der Psychiatrie des 19. Jahrhundert*. Frankfurt a. M.: Peter Lang, 1982.
- Schwab, Heide. "Adolf Kussmaul und die Entstehung der Epochenbezeichnung 'Biedermeier'." Medical dissertation, University of Cologne, 1974.
- Schwartz, Oscar. "Das Irrenhaus, eine Welt im Kleinen, und die Welt, ein Irrenhaus im Grossen." *AZP*. 14 (1857): 411-427.
- Scully, Andrew. *The Asylum as Utopia: W. A. F. Browne and the Mid-19th Century Consolidation of Psychiatry*. London: Routledge, 1990.
- Shorter, Edward. *A History of Psychiatry. From the Era of the Asylum to the Age of Prozac*. New York: John Wiley, 1997.
- Sibalic, Vladimir. *Die Geschichte der Psychiatrischen Klinik St. Pirminsborg*. Zürich: Dietikon, 1996.
- Siebenpunkt, Amadeus. *Deutschland deine Badener, Gruppenbild einer verzwickten Familie*. Hamburg: Hoffmann und Campe, 1975.
- Spieß, Adolf. *Turnbuch für Schulen als Anleitung für den Turnunterricht durch die Lehrer der Schulen*. Basel: Schweighauser'sche Buchhandlung, 1847.
- Spiske, Hilmar. *Bibliographie zur Geschichte der Anstaltspsychiatrie*. Neumünster: Karl Wachholtz, 1975.
- "Statistik der Heil- und Pflegeanstalt Illenau nebst einem Anhang: Die früheren Irren- und Siechenanstalten zu Heidelberg und Pforzheim, der jetzigen Heil- und Pflegeanstalt zu Pforzheim, der Geisteskranken außerhalb der Anstalten." In *Beiträge zur Statistik der inneren Verwaltung des Großherzogthums Baden*, 22. Carlsruhe: Chr. Fr. Müller'sche Hofbuchhandlung, 1866.

- Stemmer, Walter. "Das Irren und Siechenhaus Pforzheim und seine Ärzte." *AZP* 71 (1913): 289-307.
- Stemmer, Walter. *Zur Geschichte des Waisen-, Toll- und krankenhauses, sowie Zucht- und Arbeitshauses zu Pforzheim*. Berlin: Georg Reimer, 1913.
- Stier, Bernard. *Fürsorge und Disziplinierung im Zeitalter des Absolutismus. Das Pforzheimer Zucht- und Waisenhaus und die badische Sozialpolitik im 18. Jahrhundert*. Sigmaringen: Jan Thorbecke Verlag, 1988.
- Stinus, Sabine and Dagmar Köppel. *Die Illenau*. Achern: Papier-Schöttgen, 1992.
- Szasz, Thomas. *The Manufacture of Madness*. New York: Delta Book, 1970.
- Sueur, Laurent. "La violence des asiles psychiatrique de la première moitié du 19^e siècle." In *L'Information Historique*, 56 (1994): 67-74.
- Temkin, Owsei. "Studien zum 'Sinn-Begriff' in der Medizin." In *Kyklos*, 2 (1929): 21-105.
- Tomes, Nancy. *The Art of Asylum-Keeping. Thomas Story Kirkbride and the Origins of American Psychiatry*. Philadelphia: University of Pennsylvania, 1994.
- Thom, Achim. *Zur Geschichte der Psychiatrie im 19. Jahrhundert*. Berlin: VEB Verlag Volk und Gesundheit, 1984.
- Valdenaire, Arthur. *Friedrich Weinbrenner, Briefe und Aufsätze*. Karlsruhe: G. Braun, 1926.
- Velten, Anna. *Three Notebooks from Illenau Nursing Training School 1926*. In Private archive Klaus Huber, Achern.
- Viszanik, Michael. *Irrenheil- und Pflegeanstalten Deutschlands, Frankreichs, samt der Kretinenanstalt auf dem Abendberge in der Schweiz*. Vienna: Carl Gerold, 1845.
- Völkel, Erhard. *Die spekulative Musiktherapie zur Zeit der Romantik*. Düsseldorf: Tritsch Verlag, 1979.
- Vom Nutzen und Nachteil der Historie*. Edited by G. Wahl and W. Schmitt. Reichenbach: Verlag Kommunikative Medien und Medizin, 1994.
- Weech, Friedrich von. *Badische Biographien*. Heidelberg, Karlsruhe: 1875-1891.
- Weech, Friedrich von. *Badische Geschichte*. Karlsruhe: A. Bielefeld'schen Hofbuchhandlung, 1890.
- Weingart, Peter. "The Rationalization of Sexual Behavior: The Institutionalization of Eugenic Thought in Germany." *Journal of the History of Biology* 20 (2 1987): 159-193.

- Werner, J. A. L. *Das Ganze der Gymnastic oder ausführliches Lehrbuch der Leibesübungen, nach den Grundsätzen der bessern Erziehung zum öffentlichen und besonderen Unterricht*. Meissen: Friedrich Wilhelm Goedsche, 1834.
- Wettley, Ann-Marie. *Von der 'Psychopathia seexualis' zur Sexualwissenschaft*. Stuttgart: 1959.
- Williams, Raymond. *Culture and Society 1780-1950*. London: Penguin Books, 1958.
- Willmanns, Karl. "Die Entwicklung der badischen Irrenfürsorge mit besonderer Berücksichtigung der Universitätskliniken. AZP 87 (1929).
- Wright, David. "Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century." *Social History of Medicine*, (1994): 138-155.
- Yates, Frances A. *The Art of Memory*. London: Pimlico, 1996.
- Zilboorg, Gregory and George William Henry. *A History of Medical Psychology*. New York: W. W Norton & Co., 1941.
- Zimmermann, Walther. "Geschichte der Apotheke der Badischen Heil- und Pflegeanstalt Illenau." *Mitteilungen der Vereinigung Deutscher Anstalts- und Krankenhausapotheker* 5 (1932): 125-128, 138-141.
- Zur Erinnerung an Ernst Fink*. Heidelberg: Karl Winter, 1863.

